

L160000987793
 Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850)617-6383

From:

Account Name : BENNARDO LEVINE LLP
 Account Number : I20130000096
 Phone : (561)392-8074
 Fax Number : (561)368-6478

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: LJCOHEN@BENNARDOLEVINE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
851 AURELIA, LLC

Certificate of Status	0
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2016 APR 21 AM 10:23
 2016 APR 21 A 10:16
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

APR 22 2016
 J. BRUCE

(((H16000098779 3)))
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

851 AURELIA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
 (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/01/2016 and assigned
 Florida document number L16000022051

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

137 E. Palmetto Park Rd.

(Principal office address MUST BE A STREET ADDRESS)

Boca Raton, FL 33432

Enter new mailing address, if applicable:

137 E. Palmetto Park Rd.

(Mailing address MAY BE A POST OFFICE BOX)

Boca Raton, FL 33432

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

137 E. Palmetto Park Rd.

Enter Florida street address

Boca Raton

City

Florida

33432

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tamara Jovic	137 E. Palmetto Park Rd.	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter chang(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated April 20 2016

Laura J. Cohen
Signature of a member or authorized representative of a member

Laura J. Cohen, Esq., Authorized Representative

Typed or printed name of signee

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