## 1100000 33542

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Amend

MAY 1.2 2020 LALBRITTON

## **COVER LETTER**

Registration Section
Division of Corporations

TO:

SUBJECT:	8325 Ch	eryl Lane, LLC				
<u></u>		nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
		Kenneth R. Florio				
		Goodkind & Florio, P.A.				
		Firm/Company				
	Pinecrest, FL 33156 City/State and Zip Code					
	rom E-mail address: (	ykapoor@location.ventures to be used for future annual report no	tification)			
For further information c	oncerning this matter, please c	all:				
	R. Florio		713-5017 me Telephone Number			
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address Registration S Division of C P.O. Box 632	Section orporations 7	Street Address: Registration So Division of Co The Centre of	rporations Fallahassee			
Tallahassee, I	11. 32314	2415 N. Monro	pe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

8325 Cheryl			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appear</mark> Liability Company)	s on our records.)	_ <del>_</del> _
The Articles of Organization for this Limited Liability Company	were filed on	02/17/2016	and assigned
Florida document numberL160000033542			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	rsignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:			<del>~~</del>
(Principal office address MUST BE A STREET ADDRESS)		1.5 (c. 1.5 (c	020
			70
		· .	10
Enter new mailing address, if applicable:			171
		· · · · · · · · · · · · · · · · · · ·	= 0
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	ecords, <u>enter the nan</u>	ne of the new regist
Name of New Registered Agent:			_
New Registered Office Address:			
	Enter Flori	ida street address	
		, Florida	
	City		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 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>	Address	Type of Action
AMBR	Location Equity Holdings, LLC	2665 S. Bayshore Drive, Suite 1101	<b>=</b> Add
		Coconut Grove, Florida 33133	□Remove
			Change
MGR	Rishi Kapoor	2665 S. Bayshore Drive, Suite 1101	□Add
		Miami, Florida 33133	<b>≡</b> Remove
			□Change
			□Add
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in effec o <mark>te:</mark> I	tive date, if other than the date of filing:
ecord is file	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 d.
ited _	April 22 . 2020.
	Signature of a member or authorized representative of a member
	Cignature of a manch is an authorized manufacture of a manch in
	Signature of a memoer of audiorized representative of a memoer