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## **COVER LETTER**

TO: Registration Section Division of Corpo					
618 LAND TI	RUST LLC				
SUBJECT:	Name of Limit	ted Liability Company			
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.			
Please return all correspond	ence concerning this matter t	to the following:			
	Odalys M. Ibrahim, Esquire	e			
		Name of Person	<del></del>		
	Ibrahim Law, P.A.				
		Firm/Company			
	11200 Pines Boulevard Sui	ite 200			
		Address	<del></del>	. <del>S</del> o	
	Miami, Florida 33026			15 O	<u> </u>
	oibrahim@ibrahimlawpa.co	City/State and Zip Code		17 E	1
		to be used for future annual report notific	ration)	1 O C	<b>学に</b>
For further information con	cerning this matter, please ca	ıll:		ECREPASSEE FLORIDA	ري د احد
Odalys Ibrahim, Esquire		954 438-8393 at ( )		07	
Name of P	erson		Telephone Number		
Enclosed is a check for the	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 Stat Certified Copy (additional copy is en	tus &	

MAILING ADDRESS:

S. S.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

618 LAND TRIST LLC		
( <u>Name of the Limited Liah</u> (A Flor	oility Company as it now appears on our recording Limited Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 03/30/2016	and assigned
Florida document number L16000064018	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
		<b>一</b>
		OCT AHA
Enter new mailing address, if applicable:		N 23 25
(Mailing address MAY BE A POST OFFICE BOX)		7 170
		0 5
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		s, enter the name of the nev
registered agent and/or the new registered office ad	idress nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
		orida
	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 Changing Registered Agent, Signature of New Registered Agent

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
AR	ERASMO IBRAHIM	11200 PINES BOULEVARD #200	<b>■</b> Add
		PEMBROKE PINES, FL 33026	Remove
			☐ Change
<del></del>			
			□ Remove
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
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	The state of the s
	PA 4: OT PLOTIES
(If an e <u>Note</u>	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d OCTOBER 20, 2016.
	Signature of a mariber or authorized representative of a member
	Odalys Ibrahm Ecoune - Ibrahm Law, P.A.
	Typed or printed name of signee

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Filing Fee: \$25.00