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: (850)617~6383

From:

Account Name : CORP USA

Account Number : 072450003255

Phone

: (305)634-3694

Fax Number

: (305)633~9696

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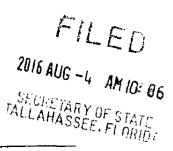


## **COVER LETTER**

TO: Registration Division of C			
	JB D, LLC		
SUBJECT:	Name of Li	mited Liability Company	•
The englosed Articles	of Amendment and foc(s) are su	bmitted for filing.	
	pondence concerning this matte		
	Michael Sherman		
		Name of Person	
	Thomas G. Sherman, P.A	и	
	**************************************	Firm/Company	
	90 Almeria Avenue		
		Address	
	Coral Gables, Florida 331	34	
	<u> </u>	City/State and Zip Code	
	mike@uniontitleservices.co	om (to be used for future annual report not)	forcion
For further information	concerning this matter, please c		etomical
Mike Sherman		305 448-5898	
Name	of Person	Area Code Daytima	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status &
·	ى	(gazinoisi copy is enclosed)	Certified Copy (additional copy is enclosed)
	ING ADDRESS:	STREET/COURI	
Regista Divisio	ation Section on of Corporations	Registration Section Division of Corpora	
P.O. B	px 6327 assec, FL 32314	Clifton Building 2661 Executive Cen	•

Clifton Building
2661 Executive Center Circle
Tallahussee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FELD SUB D, LLC

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

The Articles of Organization for this Limited Liability Company	y were filed on April 4, 2016 and assigned
Florida document number L16000066613	y word filed on
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
The new name must be distinguishable and contain the words "Limited Liabi	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	90 Almeria Avenue
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, Florida 33134
year on the state of the season of the seaso	90 Almeria Avenue
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, Florida 33134
Maring miness may be a lost of flee 2004	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City , Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Chun	

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

AMBR = Authorized Member Title Name Address Type of Action MGR THOMAS G. SHERMAN 90 ALMERIA AVENUE CORAL GABLES, FL 33134 ☐ Remove \_□ Change MGR DAVID FELDGAJER Miami, Florida 33132 Remove \_□ Change MGR MICHEL FELDGAJER 1750 North Bayshore Drive, Apt. 4910 \_\_\_ D Add Miami, Florida 33132 \_■ Remove \_ Change MGR SOLANGE FELDGAJER 1750 North Bayshore Drive, Apt. 4910 🗖 Add Mlami, Florida 33132 \_\_ 🖩 Remove \_\_\_\_\_ Change \_□ Add □ Remove

Page 2 of 3

MGR = Manager

Change

☐ Change

amenung any other morm	ation, enter change(s) here: (Attach add	milonu sneem, y necessary.)	FIL
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ective date, if other than the affective date, if listed, the date muster. If the date inserted in this blument's effective date on the D	t be specific and cannot be prior to date of filing or ook does not meet the applicable statutory fil	(optional) r more than 90 days after filing.) Pursuant to 6 ling requirements, this date will not be li	05.0207 (3)(b) sted as the
record specifies à delayer he 90th day after the rec	effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the ear	ller of:
ed August 3	2016		
	Signature of a member or authorized tepresentative	ve of a member	
474	is G. Sherman, Authorized Representative of		

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