## L160000 71653

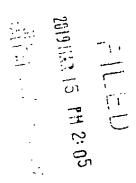
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Amend

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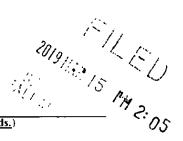
	Registration Se Division of Cor					
SUBJEC		NW 36th Street, LLC				
ж	···	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub				
		Erika Wilson	J			
		<u> </u>	Name of Person			
		Gator Investments				
Firm/Company						
		7850 NW 146th Street, 4th Floor				
		Address				
		Miami Lakes, FL 33016				
		City/State and Zip Code				
		ewilson@gatorinv.com  E-mail address: (to be used for future annual report notification)				
For furth	er information c	oncerning this matter, please ca		cuiton,		
Erika Wi	ilson		305 949-9049, #1	18		
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed	is a check for th	ne following amount:				
\$25.0	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 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



Gator 1662 NW 36th Street, 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 Compa	any were filed on April 11, 2016	and assigned
Florida document number L16000071653		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I  Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
		Zip Code
New Registered Agent's Signature, if changing Registered Age		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complacept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of my duties, and as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is
IfC	Changing Registered Agent, <u>Signature of</u>	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 = N $AMBR = A$	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
		<del></del>	□ Remove
			☐ Change
			Add
			Remove
			Change
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			□ Remove
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			Add
			Remove

☐ Change

	Articles VI as follows: "Article VI The existence of the Limited Liability Company shall be
	perpetual."
	<del></del>
an e o <b>te</b>	tive 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.
ite	$\frac{3\cdot 13^{-}}{2019}$

Page 3 of 3

Filing Fee: \$25.00