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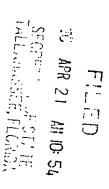
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COVER LETTER

Division of Co				
5L SPE I, I	LLC	·		•
SUBJECT:	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please return all correspondent	ondence concerning this matter	r to the following:		
	Sheila S. Zietz, Esq.			
		Name of Person		
		Firm/Company		•
	1081 Holland Drive			
		Address		
	Boca Raton, FL 33487			141 033 0.33
	sszietz@yahoo.com	City/State and Zip Code		APR 7
For further information c	E-mail address: oncerning this matter, please c	(to be used for future annual report notifice all:	cation)	
Sheila S. Zietz, Esq.	_	561 961-1350		10.00 ST
Name o	f Person		Telephone Number	· · ·
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &

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

Company as it now appears on our record- imited Liability Company)	<u>s.</u>)
mpany were filed on April 15, 2016	and assigned
ed liability company here:	
ed Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
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red office address on our records, <u>ss here</u> :	, enter the name of the
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Futar Florida atract add	
enter rioriaa sireet aagress	ī
, Flo	rida Zip Code
I - E	red office address on our records ss here: Enter Florida street address

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
MBR	5L HOLDINGS, LLC		
	-		Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MBR	FIVE L HOLDINGS, LLC	1081 Holland Drive Boog hoton, Fl 33487	B Add
		Bora haton, Fl 334B7	□ Remove
			☐ Change
			Add
			S Remove
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			Remove
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-	, if other than the	date of filing:			(optional)		
Effective date	e is listed, the date must	ock does not meet	the applicable sta	tutory filing requir	90 days after filing. ements, this date) Pursuant to 605.02 will not be listed	207 l as
Note: If the da	ective date on the De						
Note: If the da document's efformation	ective date on the De ectifies a delayed lay after the reco	effective date ord is filed.	e, but not an e	ffective time, a	t 12:01 a.m.	on the earlier	of
Note: If the da document's effi ne record sp The 90th d	ective date on the De - ecifies a delayed	ord is filed.	e, but not a n e	ffective time, a	t 12:01 a.m.	on the earlier	· of
fan effective dat Note: If the da document's effe ne record spe	ective date on the De	ord is filed. $\frac{2}{\sqrt{\frac{2}}{\sqrt{\frac{2}{\sqrt{1}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}$	016	ffective time, a		on the earlier	of

Page 3 of 3

Filing Fee: \$25.00