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COVER LETTER

	Registration Se Division of Cor		I					
CHD IEC		EET SPACES, LLC						
SUBJEC	.1í <u> </u>	Name of Lim	ited Liability Company	 -				
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please re	turn all correspo	ndence concerning this matter	to the following:					
		Brian Lombardi	' 					
			Name of Person					
		Lombardi Properties	<u> </u>					
			Firm/Company					
		167 NW 25 Street						
	Address							
		Miami, FL 33127						
		City/State and Zip Code						
		Brian@lombardiproperties.	I					
		E-mail address: (to be used for future annual report	notification)				
For furth	er information c	oncerning this matter, please co	all:					
Brian Lombardi			305 695-1600)				
	Name o	f Person	at ()Day	rtime Telephone Number				
Enclosed	is a check for th	ne following amount:						
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2017 JUL 31 PM 3: 14
ALLAHASSEF STAN

26TH STREET SPACES, 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 Company were filed on 05/11/2016 and assigned Florida document number _____116000092266 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 Type of Action Address Title <u>Name</u> David Lombardi 167 NW 25 Street MGR □ Add Miami, FL 33127 ■ Remove ☐ Change Sanford B. Horwitz 167 NW 25 Street MGR 🖬 Add Miami, FL 33127 ☐ Remove ☐ Change \square Add □ Remove ALL AS Add PA Remove OR III Change □ Add ☐ Remove ☐ Change ☐ Remove

_□ Change

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