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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 617-6383

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Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
5911 LARCHWOOD AVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

2016 JUN 23 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 24 2016

S. YOUNG

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

5911 Larchwood Ave 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 May 23, 2014 and assigned Florida document number L16000097578

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 end with the words "Limited 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 ADDRESS)

16 JUN 23 PM 12:08
F.H.E.D.
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.

New Registered Office Address:

155 OFFICE PLAZA DRIVE 1ST FLOOR

Enter Florida street address

TALLAHASSEE

City

Florida 32301

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JOSEPH BELFORD	5911 LARCHWOOD AVE	<input type="checkbox"/> Add
		SARASOTA FL, 34231	<input checked="" type="checkbox"/> Remove
MGR	EILEEN COLLINS	38 JACOBS LANE	<input checked="" type="checkbox"/> Add
		SCOTCH PLAINS, NJ 07076	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

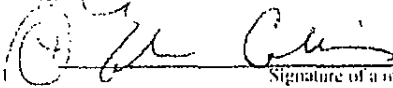
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated JUNE 23 2016



Signature of a member or authorized representative of a member

EILEEN COLLINS

Typed or printed name of signer

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