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COVER LETTER

TO: Registration Se Division of Cor			Apr.
	MANAGMENT, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	YOLANDA KATON, LEG	GAL ASST	
		Name of Person	
	ALEX D. SIRULNIK, P.A		
		Firm/Company	
	2199 Ponce de Leon Blvd.	, Suite 301	
		Address	
•	Coral Gables, FL 33134		
		City/State and Zip Code	
	ykaton@sirulniklaw.com		
		to be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
YOLANDA KATON		305 443-7211 EX	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 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

ABUS 600 MANAGEMENT, LLC			
(Name of the Limited L (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)		
he Articles of Organization for this Limited Liabil	lity Company were filed on May 27, 2016	and assi	gned
lorida document number L16000104372			
his amendment is submitted to amend the following	ng:		
a. If amending name, enter the new name of the	e limited liability company here:		
500 MANAGEMENT, LLC			
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicable	e:		
Principal office address MUST BE A STREET A			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BO	X)		
3. If amending the registered agent and/or	registered office address on our records, ente	er the name o	of the
egistered agent and/or the new registered office		တ	
Name of New Registered Agent:			
Name of New Registered Agent.		The second secon	
New Registered Office Address:			11
	Enter Florida street address	# # # # # # # # # # # # # # # # # # #	
	, Florida _	213: CO	
_	City	: 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 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
			□ Add
			□ Remove
			Change
·			Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			□ Add
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			□ Change
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fective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Determinant of the De	ock does not meet the a partment of State's rec	applicable statute cords.	ory filing requireme	nts, this date will r	not be liste
The 90th day after the reco	ord is filed.				
mted MAY 31,	, 2016	·			
///~					

Page 3 of 3

Filing Fee: \$25.00