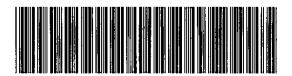
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

Div	ision of Corp	orations			
SUBJECT:	4770 BISCA	YNE BOULEVARD UNIT	980, LLC		
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	emitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Gregory R. Beck, Esq.			
			Name of Person		
		Beck & Haggerty, PLLC			
			Firm/Company		
707 SE 3rd Avenue, Sixth Floor					
			Address		
		Fort Lauderdale, Florida 3	3316		
			City/State and Zip Code		
		gbeck@beckhaggerty.com			
For further in	nformation cor	ncerning this matter, please of	to be used for future annual report notificati all:		
Gregory R. I	Beck		954 525-8155	AHA BI	1
	Name of I	Person		ephone Number	****
Enclosed is a	check for the	following amount:		E P P P	フラ
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

(<u>Name of the Limited I</u> (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi	ility Company were filed on	2016 and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
4770 BISCAYNE BOULEVARD UNIT 950, LLC		
he new name must be distinguishable and contain the word	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on ou	r records, enter the name of the
egistered agent and/or the new registered office	e address nere:	FORM 9. 5
Name of New Registered Agent:);; J
New Registered Office Address:	Enter Florida s	street address
	Enier riorida s	
-	City	, Florida 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
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effective date is listed, the date meter. If the date inserted in this becament's effective date on the l	block does not meet the a	ipplicable statutory f	or more than 90 days at Tring requirements, t	fter filing.) Purs this date will r	uant to 605.02 not be listed a
record specifies a delaye he 90th day after the re		it not an effectiv	ve time, at 12:0:	l a.m. on ti	ne earlier
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Page 3 of 3

Filing Fee: \$25.00