## 116000113244

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## COVER LETTER

PORSCH SUBJECT:	HE 1405 LLC				
Name of Limited Liability Company					
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	spondence concerning this matter	to the following:			
	RICHARD M. MOGERM	AN, ESQ.			
		Name of Person			
	RICHARD M. MOGERM	AN, P.A.			
		Firm/Company			
	8211 WEST BROWARD	BOULEVARD, SUITE 200			
		Address			
	PLANTATION, FLORIDA	A 33324	•		
		City/State and Zip Code	<del></del>		
	MARKMOG@BELLSOUT	TH.NET to be used for future annual report notifi	doction)		
For further informatio	n concerning this matter, please c		icanony		
RICHARD M. MOGI	ERMAN, ESQ.	954 475-7171 at () Area Code Daytime			
Nan	ne of Person	Area Code Daytime	: Telephone Number		
Enclosed is a check for	or the 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

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

PORSCHE 1405 LLC	·	
(Name of the Limited Liabii (A Floric	lity Company as it now appears on our record la Limited Liability Company)	<u>is.</u> )
The Articles of Organization for this Limited Liability	Company were filed on JUNE 10, 2016	and assigned
Florida document number L16000113244		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
PDTM 1405 LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		- 10 B
(Principal office address MUST BE A STREET ADD	RESS)	7.00
		SR CO
Enter new mailing address, if applicable:		ST ST
(Mailing address MAY BE A POST OFFICE BOX)		2 C
B. If amending the registered agent and/or regi registered agent and/or the new registered office add		s, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
	, , , , , , , , , , , , , , , , , , , ,	orida
	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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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Note:	if the date inserted in this block do	des not meet the applicable stati	itory filing requirements, the	is date will not be	listed a
	nent's effective date on the Departm	nent of State's records.			
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