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(F	Requestor's Name)	
(/	Address)	
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PICK-UP	☐ WAIT	MAIL
(I	Business Entity Name))
(1)	Occument Number)	
Certified Copies	Certificates of	Status
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SECRETARY OF STATE AND ASSETS OF STATE AND ASS

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COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	740 MERIDAN 28 LLC		
	Name of Limited Liability Company		
The enclosed Articles of An	mendment and fee(s) are submitted for filing.		
Please return all correspond	lence concerning this matter to the following:		
	GERMAN DE GIULI	_	
		-	
	740 MERIDIAN 28 LLC		
	Firm/Company	-	
	740 MERIDIAN 28 LLC Firm/Company 407 LINCOLN RD. SUITE 4F Address		
		-	
	MIAMI BEACH, PL 33139 City/State and Zip Code INFO © DC SERVICES CORP. COM E-mail address: (to be used for future annual report notification)	_	
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For further information con-	cerning this matter, please call:	<u> </u>	
GERMAN	DE GIULi at (786) 234-4234	ZITIR AUS SECRETA	187
Name of Po	Person Area Code Daytime Telephone Number	22 \$38 \$58 \$58	
Enclosed is a check for the	following amount:	워크 프	
\$25.00 Filing Fee	Certificate of Status Certified Copy Certification (additional copy is enclosed) Certified	iling Fee, whate of Status & Copy I 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

740 MERIDAI	v 28 LLC		
(Name of the Limited Lia	ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabilit Florida document number	y Company were filed on	07/29/ 2 016 and assigned	
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the 740 MERIDIA. The new name must be distinguishable and contain the words "	N 28 LLC		
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on ou address here:	ir records, enter the name of the ne	<u>w</u>
Name of New Registered Agent:		777	
New Registered Office Address:	Enter Florida s	A Company	
	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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			Remove
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Filing Fee: \$25.00