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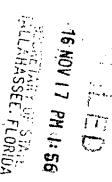
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COVER LETTER

TO: Re	egistration Sec vision of Corp	ction porations		
CUD II CT	CORNER P	ORCH LLC		
SUBJECT	:	Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	m all correspor	idence concerning this matter t	to the following:	
		CHARLES JAFFEE		
			Name of Person	
		CHARLES JAFFEE PA		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		7301A W PALMETTO PA	ARK RD STE 305C	
•			Address	
-		BOCA RATON FL 33433		
			City/State and Zip Code	
		561 416-7400		
			to be used for future annual report r	otification)
For further	information co	oncerning this matter, please ca	all:	
CHARLES	S JAFFEE		561 416-7400 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is	s a check for th	e 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

CORNER PORCH LLC			
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Com	appears on our records.) ipany)	
The Articles of Organization for this Limited I	iability Company were filed	on 8/3/16 a	nd assigned
lorida document number L16000143317	·····		
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	any here:	
he new name must be distinguishable and contain the	words "Limited Liability Company	"," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:	or registered office addre	3.5	16 NOV 17 PM 12 In agent of the n
Name of New Registered Agent:			
New Registered Office Address:	721 SW 56TH AVENUE		
	En	nter Florida street address	
	MARGATE	, Florida 33068	
	City		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
MGR	STEPHEN LABOV	996 PELICAN LANE GULFSTRE	
			Remove
			☐ Change
MGR	MAHENDRA MAHABIR	721 SW 56TH AVE MARGATE F	Add
			Remove
			☐ Change
· ·			250 25 0
-			NO Remove
			CORDU
			☐ Remove
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			□ Remove
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Filing Fee: \$25.00