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05/04/18--01015--015 **25.00

Effective: 05/15/2018

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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COVER LETTER

	ision of Cor			
Surifct:	811 SE 8th		$\frac{g}{s^2} = \frac{g}{s^2}$	
Sobject.			ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		DAWN MICHELLE KAP	LAN	
			Name of Person	
		811 SE 8TH LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	2901 CLINT MOORE RD #419			
	Address BOCA RATON, FL 33496			
	City/State and Zip Code DMICHELLEPROPERTY@GMAIL.COM			
		E-mail address: (to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please co	all:	
DAWN MICHELLE KAPLAN		PLAN	201 953-3589	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	a check for th	e following amount:		
\$25.00 F	iling 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

811 SE 8TH LLC				
(Name of the Lim	ted Liability Compa (A Florida Limited	nny as it now appears on our re Liability Company)	cords.)	_
The Articles of Organization for this Limited Laborida document number	iability Company	were filed on 8/04/16	and a	assigned
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name of	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liahi	lity Company " the designation "	"LLC" or the abbreviation	
•		2901 CLINT MOORE RO		13.12.0.
nter new principal offices address, if application application of the principal office address MUST BE A STREATER.		BOCA RATON, FL 33496	; =	SIA 35 AB
THE DIRECT BUTTES, WEST BETTER	<u> 21 ADDIUSS)</u>		MAY	OZE OZE
Enter new mailing address, if applicable:		2901 CLINT MOORE RO	4	OF CORP
Mailing address MAY BE A POST OFFICE	BOX)	BOCA RATON, FL 33496		
			3	SNO!
B. If amending the registered agent and egistered agent and/or the new registered of	ffice address her	<u>e</u> :	ords, <u>enter the nam</u>	<u>ie of th</u>
Name of New Registered Agent:	DAWN MICH	ELLE KAPLAN		
New Registered Office Address:	2901 CLINT M	100RE ROAD #419		
	DOCA DATON	Enter Florida street aa		
	BOCA RATON	City	, Florida 33496 Zip Cod	do
		City	Lip Cot	AC .

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>	<u>Address</u>	Type of Action
AMBR	ERIK MARTINEZ	817 SE 9TH STREET	□ Add
		DEERFIELD BEACH FL 33441	■ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
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			Remove
			□ Change

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Signature of a member of authorized expresentative of a member		Dated	MAY 15, 2013.		
Signature of a members authorized representative of a member			Signature of a member authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00