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Division of Co			
308 N FE SUBJECT:	D DEVELOPERS, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	GARY I. NESBITT, ESQ	UIRE	
		Name of Person	
	PHILLIPS, CANTOR, SI	IALEK & PFISTER, P.A.	
		Firm/Company	
	4000 HOLLYWOOD BO	ULEVARD, SUITE 500N	
		Address	
	HOLLYWOOD, FLORID	A 33021	
		City/State and Zip Code	
	GINESBITT@OUTLOOK		
	E-mail address:	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
ANNETTE GRANGEF	R, PARALEGAL	954 966-1820	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy dadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (add:tional copy is enclosed)
MAIL	JNG ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

308 N. FED DEVELOPERS, LLC		
(<u>Name</u> of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{08/18/2016}{\text{Elorida document number}}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	PRETE T
Enter new mailing address, if applicable:		SSEF. FL
(Mailing address MAY BE A POST OFFICE BOX)		TATE DRIDA
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	ła
<u></u>	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

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	ALEJANDRO CHABERMAN	701 Hallandale Beach Blvd #109	_ = Add
		Hallandale Beach, FL 33009	🗆 Remove
			□ Change
			
			Remove
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ective date, if other than	the date of filing:	08/18/2016		(ptional)	
effective date is listed, the date te: If the date inserted in this	must be specific and on s block does not me	cannot be prior to d	ate of filing or mo	re than 90 days	after filing	.) Pursuar	it to 605. be liste
ument's effective date on the	e Department of Sta	ate's records.		requirements	, unip date	, ,,,,,	or nate
record specifies a delay	yed effective da	ate, but not a	n effective ti	me, at 12:0)1 a.m.	on the	earlie
he 90th day after the r	recora is filea.						
OCTOBER 28		2016					
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	Signature of a me	ember or authorize	d representative o	f a member	- 1		
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GARY I. NESBITT,	ESOLUBE				5 F3		m

Page 3 of 3

Filing Fee: \$25.00