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D. SCOTT NOV 1 7 2016

COVER LETTER

TO:	Registration Se Division of Cor				
CUDI	EOT.	53 7TH AVEN	IUE HOLDINGS, LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	18-1-00-1-0000	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	endence concerning this matter	to the following:		
		JEI	FFREY A. LEVINE, ESQ.		_
			Name of Person		_
		S	ACHS SAX CAPLAN		_
	Firm/Company				
	6111 BROKEN SOUND PARKWAY NW #200				
			Address		_
		ВО	CA RATON, FLORIDA 334	187	
		nem	City/State and Zip Code	274	SE SE
			EVENS@SSCLAWFIRM.Co to be used for future annual repo		留會力
For fu	rther information c	oncerning this matter, please ca	all:		PILE ANSSA
	JEFFREY A	A. LEVINE	561 at ()	237-6819	FF ST A
	Name o	f Person		Daytime Telephone Numbe	ATE ATE ARIDA
Enclos	sed is a check for th	ne following amount:			
\$2	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	d) Certified	ate of Status &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Build	Corporations ding ive Center Circle	·

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

53 '	7TH AVENUE HOLDINGS, LL	C	
(<u>Name of the Limited L</u> (A F	iability Company as it now appea lorida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	AUGUST 19, 2016	and assigned
Florida document numberL16000156068	•		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company h	ere:	
53 SE 7TH AVENUE HOLDINGS, LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the o	lesignation "LLC" or the at	obreviation "L.L.C."
Enter new principal offices address, if applicable	3 •		
(Principal office address MUST BE A STREET A			
Timesput office undress MOST BE A STREET A	<u> </u>		
		<u></u>	
		:	TS: 6
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		<u> </u>
			55 = <u>-</u>
			Mg _ M
B. If amending the registered agent and/or		our records, <u>enter</u>	the name of the ne
registered agent and/or the new registered office	address here:		
			59 59
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	6111 BROKEN SOUN	D PARKWAY NW, SU	ITE 200
Treat registered Office Producess.	Enter Flo	rida street address	
	BOCA RATON	, Florida	33487
-	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 $AMBR = A$	Ianager 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