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NOTION BY CORPORATIONS OF STATE OF STAT

FER OS 2017 RAPE

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORA	ATION: 1123 SE LLC			
DOCUMENT NUMBE				
	f Amendment and fee are su	bmitted for filing.		
Please return all corresp	ondence concerning this ma	tter to the following:		
A	dam Schucher, Esq.			
Name of Contact Person				
K	Latz Barron, PA			
_	<u> </u>	Firm/ Company		
2699 S. Bayshore Drive; 7th Floor				
Address				
N	1iami, FL 33133			
-	· · · · ·	City/ State and Zip Code	2	
adam@	katzbarron.com			
adam@		sed for future annual report	notification)	
	E-mail address: (to be us	sed for future annual report	notification)	
For further information	concerning this matter, pleas	se call:		
Adam Schucher		at (305	856-2444 _)de & Daytime Telephone Number	
Name of	Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:	
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. I	ng Address dment Section on of Corporations Box 6327 hassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1123 SE, LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	were filed on <u>8/26/16</u> a	nd assigned
Florida document number L16000160936		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabi</u>	lity company here:	
KOPELSON PROPERTY HOLDINGS, LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:		entriffe .
(Principal office address MUST BE A STREET ADDRESS)		3 L
Trincipue Office unuress most ben mineral meetings		
		<u> </u>
Enter new mailing address, if applicable:		** 39
Mailing address MAY BE A POST OFFICE BOX)		
		A <u>Ž</u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ame of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
		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

$\mathbf{AMBR} = 7$	MBR = 'Authorized Member				
<u>Title</u>	Name	Address	Type of Action		
	·		Add		
			Remove		
			Change		
			□ Add		
			□ Remove		
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			□ Remove SA		
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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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Note: I	e date, if other than the date of filing:(optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be it's effective date on the Department of State's records.			
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea Oth day after the record is filed.	ırlier	of:	
Dated	Dec 27 , 2016.	17 FED	TO THE STATE OF TH	
	Signature of a member or authorized representative of a member SHELDON KOPELSON Shellow Kopelson	3-7 P#	OF COAPO	
	Typed or printed name of signee	94 11	STATE OKATION	2.
	Page 3 of 3	-	7 5	r

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Filing Fee: \$25.00