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		er sheet. Type the fax audit number (shown below) on the t all pages of the document.	- [
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	To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : AGI REGISTERED AG Account Number : 1200000002005	SENTS, INC.	
	Phone : (305)416-6800 Fax Number : (365)416-6811 **Enter the email address for annual report mailings.	this business entity to be used for future Enter only one email address please OSEDAGI-ha.com	AH 5: 43
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	CO	WER LETTER	(((H18000160002 3)))
TO: Registration Secti Division of Corpo	on rations		
Tenth & 79, L		an a lata	
SUBJECT:	Name of Limited	Liability Company	
The enclosed Articles of A	mendment and fcc(s) are submit	tted for filing.	
	dence concerning this matter to		
	Jose M, de la O	Name of Person	
		_	
	AGI Registered Agents, Inc.		
		Firm/Company	
	1000 Brickell Ave., Suite 30		
		Address	
	Miami, FL 33131		·
	······	City/State and Zip Code	
	josc@agi-ra.com	o be used for future annuss report notifi	cation)
	concerning this matter, please ca		
	oncerning this matter, preserve	305 416-6800	
Jose M. de la O			Telephone Number
Name :	of Person	7100 00	
Enclosed is a check for	□ \$30.00 Filing Fcc &	🗆 \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
\$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	LING ADDRESS:	STREET/COURI	
Regis	in of Corporations	Registration Section Division of Corporation	on rations
P.O.	Box 6327 hassee, FL 32314	Clifton Building 2661 Executive Co	
1 3113	103905, 1 12 373 1 -	Tallahassee, FL 33	2301

ADAMS GALLINAR PA

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05/24/2018 11:21

(((H180001600023)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tenth & 79, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/03/2016 _____ and assigned Florida document number ____

This amendment is submitted to amend the following:

3054166811

A. If amending name, enter the new name of the limited liability company here:

the set of the back of the bac	iling Compray " the designation "I	LC" or the aborevietion "L.L.C."
The new name must be distinguishable and contain the words "Limited Liab	any company, and comp	THE MULL
Enter new principal offices address, if applicable:	<u> </u>	and a second sec
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida Zip Code
	Cit <u>y</u>	

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.

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If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

05/24/2018 11:21 3054166811

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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

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AMBR =	Authorized	Member
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<u> </u>	Name	Address 9.	Type of Action
MGR	Elio Munaretto	2700 N. Miami Ave., Unit 401	🗖 Add
		Miami, FL 33127	🗌 Remove
			□ Change
			DIA []
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				

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tive date, if other than the date of filing:	(optional)

- If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 24	2018	22.13 13.44	1
Robert R. Adams	Signature of a member or authorized representative of a member	PI AN	
	Typed or printed name of tignee	2: L 9	<u> </u>



Filing Fee: \$25.00