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COVER LETTER

	ration Section n of Corporations	
· I	17 Flagler Avenue, LLC	
SUBJECT: _	Name of Limited Liability Company	
The enclosed A	ticles of Amendment and fee(s) are submitted for filing.	
Please return al	correspondence concerning this matter to the following:	
	Timothy J. Koenig	
	Name of Person	
	Firm/Company	•
	8 Bamboo Terrace	
	Address	
	Key West, FL 33040	
	City/State and Zip Code	
	timjkoenig@gmail.com; pkoenig@flagler-realty.com; mamap98@aol.com	
For further info	E-mail address: (to be used for future annual report notification) nation concerning this matter, please call:	
	-	
Timothy Koeni	at ()	
	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a ch	ck for the following amount:	
■ \$25.00 Filir	Fee Solution Filing Fee & Solution Status Solution Status Solution	tatus &

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

1117 Flagier Avenue, LLC						
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)	1				
The Articles of Organization for this Limited Liability Company were filed on September 20, 2016 and assigned Florida document number L16000175632						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	oility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "I I C"	or the abbreviation "I.I.C."				
Enter new principal offices address, if applicable:	8 Bamboo Terrace	of the appreviation L.E.C.				
(Principal office address MUST BE A STREET ADDRESS)	Key West, FL 33040	3 1				
		S A TO				
Enter new mailing address, if applicable:	8 Bamboo Terrace	8-6				
(Mailing address MAY BE A POST OFFICE BOX)	Key West, FL 33040	1 TO HEROE				
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		enter the name of the nev				
Name of New Registered Agent:						
New Registered Office Address:						
	Enter Florida street address					
	, Flor	ida Zip Code				
	On,	Lip Cour				

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>	Address	Type of Action
-			Add
		****	□ Remove
			□ Remove
			Change
			□:Add
			Change Add 3
			□ Change
			□ Remove
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	· · · 	
Note:	ive date, if other than the date of filing:	207 (3) as the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of:
Dated	January 31, 2017.	
	Signature of a member or authorized representative of a member	
	Timothy I Koenig	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00