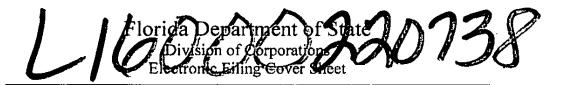
Division of Corporations

Page 1 of 2



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MURAI, WALD, BIONDO, MORENO, P.A.

Account Number: 076150002103 Phone: (305)444-0101 Fax Number: (305)444-0174

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Icanterberry 2 HWBM. Com

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 163RD STREET PLAZA LLC

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#697 P.002/004

FAX AUDIT: NUMBER: H170000182343

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	163RD STREET F	PLAZA LLC		
(Name of the Limit	ed Liability Compan (A Florida Limited Li	v as it now appea ability Company)	rs on our records.)	<del>*************************************</del>
The Articles of Organization for this Limited Li	ability Company v	vere filed on	DECEMBER 6, 2016	and assigned
Florida document number L16000220738	<del></del> •			
This amendment is submitted to amend the following	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company h	ere:	
The new name must be distinguishable and contain the we	ords "Limited Liabilit	y Company," the	designation "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		C/O MURAI V	VALD BIONDO & MORENO	PLLC
		2121 PONCE DE LEON BLVD., SUITE 600		
		CORAL GABI	LES, FL 33134	
				1 JAN 19
Enter new mailing address, if applicable:		P.O. BOX 5198	375	
(Mailing address MAY BE A POST OFFICE E	3 <i>0X</i> )	CORAL GABI	LES, FL 33134	
				<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered off	or registered offi	ce address or	our records, enter the	name of the new
registered agent andror the new registered on	ice address here.			
Name of New Registered Agent:	MURAI WALD	BIONDO & MC	PRENO PLLC	
New Registered Office Address:	2121 PONCE DE	LEON BLVD.,	SUITE 600	
		Enter Floi	rida street address	
	CORAL GABLE	_	, Florida <u>33134</u>	
		City		p 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 Puc

01/19/2017 16:18

#697 P.003/004

FAX AUDIT NUMBER: H170000182343

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 = N AMBR = A	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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From:

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	ng any other information,	enter change(s) he	re: (Attach ac	dditional sheets,	if necessary.)	182343
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ne record The 90th	specifies a delayed effe h day after the record is	ctive date, but no s filed.	it an effectiv	ve time, at 12:	01 a.m. on th	ne earlier of:
Dated	JANUARY 19	2017	· .			
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_		ure of a member or author.  M. Cristina Moreno, A	·		· <del></del>	

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