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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 2010 N. 36 th LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Richard M. Hewley Name of Person
Millennium III mg mt LCC Firm/Company
POBOX 4873
Address
City/State and Zip Code Globalrick @ att. net E-mail address: (to be used for future annual report notification)
a labalrick @ att. not
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rame of Person at (505) 480 9300 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

2010 N.3	36.Th	LLC		
(<u>Name of the Limited</u>) (A	Liability Compar Florida Limited L	y as it now appears on our iability Company)	records.)	
The Articles of Organization for this Limited Liab	ility Company	were filed on	8,2017	and assigned
Florida document number <u>LIT 6500 31</u>	600			
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liabi	lity company here:		
106 8th Ave S.E, LLC The new name must be distinguishable and contain the word	s "Limited Lishili	ty Company " the decignation	"I I C" or the abbrevi	ation "L. C."
Enter new principal offices address, if applicable				anon E.E.C.
(Principal office address MUST BE A STREET ADDRESS)		106 8th A. Largo FL	337# 28	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 49 Clearwoder		EB 17 AM 22
B. If amending the registered agent and/or registered agent and/or the new registered offic	e address here	;		
Name of New Registered Agent:	Millen	Mc Mullen	Just, LLC	·
New Registered Office Address:	2451	Mc Mu (le N Enter Florida street	Booth R	d Suite 200
-	Clean	Ainter City	_, Florida 3	' 3 7 5 9 ip 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.

HEthanging Registered Agent, Signature of New Registered Agent
Willeman III Mgmt CLC

Page 1 of 3

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>		<u>Address</u>			Type of Ac	<u>ction</u>
Mgr	Millennim	III Mgud LLC	2451	Mcmullen:	Booth Red	<i>Svi</i> te 200 	clearmann FL 5375
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Filing Fee: \$25.00