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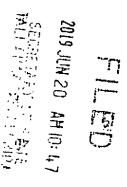
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## **COVER LETTER**

	Registration Se Division of Cor			
CHD IUZ	1572 PLED			
SUBJEC	T:		nited Liability Company	
The enclu	sed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Michael Bonner		
		Stok Kon · Braverman	Name of Person	
		1 East Broward Blvd, Suite	Firm-Company e 915	
		Fort Lauderdale, FL 33301	Address	
		service@stoklaw.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furthe Michael I		oncerning this matter, please co	054 237 1777	
		Person	at ()	: Felephone Number
Enclosed	is a check for th	e following amount.		
<b>■</b> \$25.0	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

1572 PLEDGER, LLC

company has been notified in writing of this change.

( <u>Name</u> of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on ou Liability Company)	r records.)
The Articles of Organization for this Limited I Florida document number 1.17000045365	Liability Company	were filed on $\frac{03/01/201}{}$	7 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1 East Broward Blvd, S	uite 915
(Principal office address MUST BE A STRE	ET ADDRESS)	Fort Lauderdale, FL 33	301
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of the new	/or registered of	Fort Lauderdale, FL 33.  Fore address on our re:	301
Name of New Registered Agent:	STOK KON ± I	BRAVERMAN	
New Registered Office Address:	1 East Broward	Blvd, Suite 915	
		Enter Florida stree	t address
	Fort Lauderdale		, Florida <u>33301</u>
New Registered Agent's Signature, if changing	Registered Agent:	City	Zip Code
I hereby accept the appointment as registery provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the	ed agent and agre per and complete istered agent as p	performance of my dla provided for in Chapte	ies, and Lam familiar with and (605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amendin	g Authorized Person(s) authorized to I from our records:	manage, <u>enter the title, name, a</u>	nd address of each person being added
MGR = N			
<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Remove
			Change
			Add Remove
<del></del>			Change Value Ade
			Change
			Remove
			Change
			Remove
			D Chan

	28
(If an et <u>Note:</u>	tive date, if other than the date of filing:
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	1/A/A

Page 3 of 3

Filing Fee: \$25.00