L17000052101

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE

O. SCOTT MAR 2 4 2017

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File ✓ Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Photo Copy Certificate of Status Certificate of Fictitious Name Corp Record Search Officer Search Fictitious Search
LTD Partnership File Foreign Corp. File L.C. File Fictitious Name File Trade/Service Mark Merger File Art. of Amend. File RA Resignation Dissolution / Withdrawal Annual Report / Reinstatement Cert. Copy Photo Copy Certificate of Good Standing Certificate of Good Standing Certificate of Fictitious Name Corp Record Search Officer Search
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Merger File
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RA Resignation
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Annual Report / Reinstatement
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Certificate of Fictitious Name Corp Record Search Officer Search
Corp Record Search Officer Search
Officer Search
Figure Search
Signature Fictitious Owner Search
Vehicle Search
Driving Record
Requested by: Seth UCC 1 or 3 File
Name Date Time UCC 11 Search
UCC Retrieval

COVER LETTER

TO: Registration 5 Division of Co				
3301 Hyd SUBJECT:	e, LLC			
	Name of Lin	nited Liability Company		
	f Amendment and fee(s) are sul ondence concerning this matter	•		
	Jacqueline Lage			
		Name of Person		
	Sibila Lage			
		Firm/Company		
	7765 SW 87 Avenue, Suit	e 208		
		Address		
	Miami, FL 33173			
	Jacqueline@sibilalage.com	City/State and Zip Code		SECR TALL
	E-mail address: (to be used for future annual report notifi	cation)	聖馬丁
For further information of	concerning this matter, please c	all:		FILED ARIASSEE
Jacqueline Lage		305 5418300 at ()		FILED MR 23 M 8: LANASSEE, FLOO
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

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

3301 Hyde, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compar Florida document number L17000052101	ny were filed on <u>03/06/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
3301 Hide, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		7 × 7
		F 93 = 7
		王马为二
		23 斤
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		77.7 3
		995
		ತ್ರೆಗ ಬ
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florid	a
	City	Zip 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

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
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
			SE Change T
			Change T Cha
			Remove
			Change TILED Address 33
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E. Effective date, if other than t (If an effective date is listed, the date is <u>Note:</u> If the date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than block does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0207 (3)(temperates, this date will not be listed as the
f the record specifies a delay b) The 90th day after the r	red effective date, but not an effective time, a ecord is filed.	t 12:01 a.m. on the earlier of:
Dated March 23	2017	
	Signature of a member or authorized representative of a med	nber
Jacqueline I age. Aut	horized representative of member	
	Typed or printed name of signee	

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Filing Fee: \$25.00