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#### **COVER LETTER**

TO:	Registration Sect Division of Corpo		· ·	
SUBJ.	ECT:			
.,		Name of Limi	ited Liability Company	<del></del>
The er	nclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
		M.C. Leona	ardo Lo pane Name of Person	(mgr)
		LN 804	OPAL TOWER	SLLC
		1150 Hills	sboro Mile	
		Hillsboro	Beach Florida City/State and Zip Code e Qyahoo. Com to be used/for future annual report notific	33062
		/eon/opan	e Qyahoo . Com to be used/for future annual report notific	ation)
For fu	rther information cor	neerning this matter, please ca	all:	
	Leonardo	Lopane	at (914) 967-	7154
	Name of I	cesson	Area Code Daytime	felephone Number
Enclos	sed is a check for the	following amount:		
<b>₩</b> 52	25.00 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:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## **OPAL TOWERS WEST 804 LLC** (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L17000054352 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LN 804 OPAL TOWERS LLC The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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

, Florida

## 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 **Title** Name Address Type of Action ☐ Add ☐ Remove ☐ Change \_\_\_\_\_ □ Add \_□ Remove \_\_\_\_\_ Change □ Add \_□ Change \_D Add \_□ Remove ☐ Change \_\_\_\_\_\_ Add ☐ Remove \_□ Change \_\_\_\_\_\_ Add ☐ Remove

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Filing Fee: \$25.00