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COVER LETTER

	vision of Corp			
SUBJECT	315 BUCHA	ANAN LLC		
30DJI/CT		Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please retui	n all correspo	ndence concerning this matter	to the following:	
		SEBASTIAN ZOLADZ		
		<u> </u>	Name of Person	
		NUVERSE ADVISORS L	LC	
			Firm/Company	
		19495 BISCAYNE BLVD	- SUITE 400	
			Address	
		AVENTURA, FL 33180		
		SZOLADZ@NUVERSE.CO	City/State and Zip Code OM	
		-	to be used for future annual report no	otification)
For further	information co	oncorning this matter, please ca	all:	
SEBAST1/	AN ZOLADZ		305 932-6010 at ()	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
\$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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

315 BUCHANAN LLC	
(<u>Name of the Limited I</u> (A F	Liability Company as it now appears on our records.) Florida Limited Liability Company)
	ility Company were filed on $\frac{03/15/2017}{}$ and assigned
Florida document number L17000059291	
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the words	ds "Limited Liability Company." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	g(x)
	- 2 SSS
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the
N. CN. B. S. LA	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
-	, Florida

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
MGR	MICHAEL EZEKIEL	20295 NE 29TH PLACE	Add
		SUITE 200	■ Remove
		AVENTURA. FL 33180	Change
MGR DAVID DUDAI	DAVID DUDAI	20295 NE 29TH PLACE	■ Add
		SUITE 200	
		AVENTURA, FL 33180	□ Chango
			□ Add
			□ Remove
			☐ Change
			Remove
			☐ Change Change Change Change Change
			Remove
			Change
			Add
			□ Remove
			☐ Change

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Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docun	nent's effective date on the Department of State's records.
_	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	September 29th 2017

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee