Division of Corporations

Florida Department of State

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Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : LEGALINC CORPORATE SERVICES INC. Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 332 POTTER ROAD, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

" #"

332 POTTER ROAD, LLC (Name of the Limit	ted Liability Company : (A Florida Limited Liab	is it now appears on our reco	ords.)
The Articles of Organization for this Limited L. Florida document number L17000060077			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabilit	y company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designation "I	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		20 H
			20 - 1 mouse 2 - 2
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)			
	_		<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:	registered office add ess here: ALAN K. MARC		ter the name of the new registered
New Registered Office Address:	2600 S. DOUGL	S ROAD, SUITE 1111	
New Registered Villee Additions.		Enter Florida street add	iress
	CORAL GABLES	S	Florida 33134
		City	2ip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete pe istered agent as pro registered office ac	rformance of my duties, wided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is
		100 Cen v h	lem
	If Changin	ig Registered Agent, Signatu	re of New Registered Agent

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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
AMBR	CHRISTINA BAMANN	583 105TH AVE N., UNIT 10	= Add
		ROYAL PALM BEACH, FL 33411	Remove
			Change
MGR	WILLIAM J. WEDGE, ESQ.	12180 SOUTH SHORE BLVD., SUITE 101A	[]Add
		WELLINGTON, FL 33414	=Remove
			□ Change
			S 120 Hemove -2
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iffective date, if other than the date of filing: Tansary 22 2020 (optional an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this dat locument's effective date on the Department of State's records.	ge,) Parsuance	o 605,026 e listed a	07 (3)(b) is the
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T d is filed.	The 90th day	eafter the	е
Dated FEBRUARY 28 . 2020			
Signature of a member of attriporized representative of a member		_	

Filing Fee: \$25.00