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| PICK-UP WAIT MAIL                       |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| TO: Registration So<br>Division of Cor |  |   | <b>.</b>  |                    |
|--|--|---|---|--------------------|
|  | Partners LLC                                 |   |   |                    |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  |   |                    |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | mitted for filing.  |   |                    |
| Please return all correspondence       | ondence concerning this matter               | to the following:   |   |                    |
|  | Kenneth R. Florio                            |   |   |                    |
|  | •  | Name of Person  |   |                    |
|  | Goodkind & Florio, P.A.                      |   |   |                    |
|  | <del></del>                                  | Firm/Company  |   | ي وسي              |
|  | 4121 La Playa Blvd.                          |   |   | 1                  |
|  | · · · · · · · · · · · · · · · · · · ·        | Address   | ······································  | 五宝                 |
|  | Coconut Grove, FL 33133                      |   |   | 19                 |
|  | Kenneth@goodkindandflor                      | City/State and Zip Code   |   | TO MAY 19 PM 4: 38 |
|  | E-mail address: (                            | to be used for future annual report notifi                          | cation)   | ည္သ                |
| For further information c              | oncerning this matter, please ca             | all:  |   |                    |
| Kenneth R. Florio                      |  | 786 713-5017  | ,   |                    |
| Name o                                 | f Person                                     | at ()   | Telephone Number  |                    |
| Enclosed is a check for the            | 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) | ı                  |
|  | ING ADDRESS:                                 | STREET/COURIE Registration Section                                  |   |                    |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 800 Dixic Partners LLC  |   |  |                             |            |   |
|---|---|--|-----------------------------|------------|---|
| (Name of the Limit  | ed Liability Compa<br>(A Florida Limited) | nny as it now appears on our<br>Liability Company) | records.)                   | _          |   |
| The Articles of Organization for this Limited Li Florida document number                  | ability Company                           | were filed on                                      | and a                       | assigne    | d   |
| This amendment is submitted to amend the follo  | owing:                                    |  |                             |            |   |
| A. If amending name, enter the new name of  | the limited liab                          | ility company here:                                |                             |            |   |
| The new name must be distinguishable and contain the w                                    | ords "Limited Liabi                       | lity Company," the designation                     | "LLC" or the abbreviation   | 'L.L.C.'   | <del>,     </del>   |
| Enter new principal offices address, if applic  | able:                                     | 2665 S. Bayshore Drive                             |                             | <b>.</b> . | D'or  |
| (Principal office address MUST BE A STREET ADDRESS)                                       |   | Suite 1101   | <del> </del>                |            |   |
|   |   | Miami, FL 33133                                    |                             | H          | <u> </u>  |
|   |   | •  |                             | 19         | 25 25<br>25 25<br>26 26<br>26 26<br>26<br>26<br>26<br>26<br>26<br>26<br>26<br>26<br>26<br>26<br>26<br>26<br>2 |
| Enter new mailing address, if applicable:   |   | 2665 S. Bayshore Drive                             |                             | 유          | <u></u>   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   | Suite 1101   |                             | Ė.         |   |
|   |   | Miami, FL 33133                                    |                             | သ္         | 935   |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of |   |  | cords, <u>enter the nam</u> | e of t     | <u>he new</u>   |
| Name of New Registered Agent:   | United States R                           | Registered Agents, Inc.                            |                             |            |   |
| New Registered Office Address:  | 420 S. Dixie H.                           | ighway, Suite 4B                                   |                             |            |   |
|   | <u> </u>                                  | Enter Florida street                               | address                     |            |   |
|   | Coral Gables                              |  | _, Florida                  |            |   |
|   |   | City   | Zip Coa                     | le         |   |

## 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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>           | Address   | <b>Type of Action</b> |
|--------------|-----------------------|---|-----------------------|
| MGR          | 800 Dixie Manager LLC | 2665 S. Bayshore Drive  |                       |
|              |                       | Suite 1101  | - Aud                 |
|              |                       |   | Remove                |
|              |                       | Miami, Florida 33133  | ☐ Change              |
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|                              |   | PM 4: 38                              | 7                |
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|                              |   | ····                                  | •                |
|                              |   |                                       |                  |
| If an effective Note: If the | date, if other than the date of filing:   | r filing.) Pursuant to 605.0207       | 7 (3)(b<br>s the |
| he record<br>The 900         | d specifies a delayed effective date, but not an effective time, at 12:01 a lith day after the record is filed. | a.m. on the earlier o                 | f:               |
| Dated                        | May 18, 2017.   |                                       |                  |
| •                            | Signature of a member or authorized representative of a member  |                                       |                  |
|                              |   |                                       |                  |
|                              | Kenneth R. Flario Typed or printed name of signee   |                                       |                  |

Page 3 of 3

Filing Fee: \$25.00