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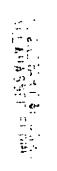
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

	Registration Solution of Col				5 3
eub iuz		LOFTS LLC			
SUBJEC	.l;	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Dee Chopyak			
		Michael E. Leach. PA	Name of Person		
		2400 E. Commercial Blvd,	Firm/Company Suite 706		
		Fort Lauderdale, FL 3330	Address		
		doron@modernodev.com	City/State and Zip Code		
For furth	er information o	E-mail address: () concerning this matter, please ca	to be used for future annual	report notification)	
Dee Cho	pyak		954 35	1-8800 ext 3	
	Name o	of Person	Area Code	Daytime Telepho	one Number
Enclosed	l is a check for t	he following amount:			
■ \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee of Certified Copy (additional copy is enc		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registrat	T/COURIER AD tion Section of Corporations Building	DRESS:

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

637 ART LOFTS 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 $\frac{04/03/2017}{1}$ Florida document number __L17000074623 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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	Dany Bar	3340 NE 190TH STREET APT 1504	Add
		AVENTURA, FL 33180	Remove
			Change
			Add
			□ Remove
			☐ Change
		 	□ Add
			□ Remove
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			☐ Remove
			Change
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			Remove
			☐ Change
			□ Remove
			☐ Change

famen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
	<u> </u>
_	
an effect Note: If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 0th day after the record is filed.
ated	Feb 28 2019.
	See balow Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00