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To:

Division of Corporations

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Account Name : CORFORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone

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Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FD70-1, LLC

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SECRETARY OF STATE
AND ANASSEE, FLORIDA

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K. SALY

APR 25 2017

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED 2017 APR 24 AM 9: 30

FD70-1, 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 04/10/2017 and assigned Florida document number L17000079637 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 smending 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 , 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>	Name	Address	Type of Action
Managing Member	Jon Albertson	P.O. BOX 454332	B Add
		Miami, FL 33245	□ Remove
			Chánge
Member	Susana Albertson	P.O. BOX 454332	
		Miami, FL 33245	☐ Remove
			Change
			D Add
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Effective date, if other than the date of filing:  for effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.  The 90th day after the record is filed.  Dated April 24		
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Signature of a member or authorized representative of a member		
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	1	anguation of a function of authorized to be contained of a memory
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