Florida Department of Stat

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Division of Corporations

Fax . Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055 Phone : (239)308-9191 Fax Number : (239)552-4185

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ljs@salvatori.legal

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1960 E WEST PKWY FLEMING LAC LLC

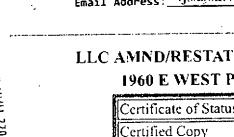
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From: Sherrie Ode

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1960 E WEST PKWY FLEMING LA	AC LLC			
Same of the Limite	t Liability Compar A Florida Limited L	ny as it now appears on our records.) hability Company)		
The Articles of Organization for this Limited Lia Florida document number 1.17000094818	bility Company	were filed on APRIL 28, 2017	and assigne	d
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the wa	rds "Limited Liabii	lity Company," the designation "LLC" or t	he abbreviation "L.L.C."	
Enter new principal offices address, if applica	hle:	1800 S Ocean Drive		
(Principal office address MUST BE A STREET ADDRESS)		Hallandale, FL 33009		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>10X)</u>	1800 S Ocean Drive Hallandale, FL 33009		
B. If amending the registered agent and/or reagent and/or the new registered office address	s here:	address on our records, enter the	name of the nev02 MAR 2	zistered
Name of New Registered Agent:	SALVATORI	LAW OFFICE, FLEC	<u> </u>	
New Registered Office Address:	5150 TAMIAN	HI TRAIL NORTH, SUITE 304	- P	<u>_0</u>
	NAPLES	Enter Florido street actiress Florid	a 34103 =: =	<u></u>
	مين خنست دوويون	City	Zip Code	

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 jamiliar 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 herefy fonfirm that the limited liability company has been notified in writing of this change.

If Changing Rogistered Agent, Signature of New Registered Agent

LEO J. SALVATORI

(((H22000104977 3)))

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

Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
AMBR	36-02 35th Ave. Development L.L.	15-32 127th Street, 2nd Floor	🖸 Add
		College Point, NY 11356	≅Remove
			☐ Change
AMBR	Lawrence Cerullo	1800 S Ocean Drive	
		Hallandale Beach, FL 33009	
			□Change
			[]Add
			CRemove
			Change
			Add
			□Remove
			□ Change
			Remove
			Change
			E. Add
			L'Remove
			[] Change

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