117000112515

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DIVISION OF CORPORATIONS

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JUL 13 2017

COVER LETTER

TO: Registration Sec Division of Corp			A
SUBJECT: <u>FDC</u>	LASH DORAG	LLC nited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Carol T	Socziz Name of Person	
		Firm/Company	
	20533 Bisc	erne Blud ste	449
	Aventura, F	L 33 80	
	E-mail address: (to be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca		
Eileen New	house	at (305) 490 – Area Code Daytime 7	9489
Name of	Person	Area Code Daytime 1	elephone Number
Enclosed is a check for the	e 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, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EDC LASH DORAL	LLC 93 A
(Name of the Limited Liability (A Florida	Company as it now appears on our records. Limited Liability Company)
The Articles of Organization for this Limited Liability Co	Company as it now appears on our records. Limited Liability Company) Impany were filed on 5/22/2017 and assigned The L17000112515 and assigned The L17000112515 and assigned The L17000112515
Florida document number	- L17000112515 電子口
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
EDC LASH 3, LLC	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limit	ed Liability Company, "the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	(SAME) 20533 BISCAYNE Blud STE 449
(Principal office address MUST BE A STREET ADDRE	ESS) 20533 Biscarre Blud STE 449
	Aventura, FC 33180
Enter new mailing address, if applicable:	sam <i>E</i>
(Mailing address MAY BE A POST OFFICE BOX)	
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ess here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
			□ Remove
			Change T
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			Change

Effective date, if other than the date of filing: (If 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, Pursuant to 605.02 Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Signature of a member or authorized representative of a member	,	•				** ************************************	•
Effective date, if other than the date of filing:							-
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Signature of a member or authorized representative of a member	Dated 5 24 17		3			·	
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Filing Fee: \$25.00