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(Requestor's Name)	_
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Certified Copies Certificates of Status	_
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COVER LETTER

TO: Registration Se Division of Cor			
	ND NEWBERRY INVESTOR	R, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Michael E. Warren		
	AMJ Group Inc.	Name of Person	
	502 NW 16th Avenue, Suit	Firm/Company te 1	
	Gainesville/FL 32601	Address	
	mewarren@amjinc.com	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Michael E. Warren	G.D.	at () 352 375 - 4600 Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	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, Certificate of Status & Certified Copy (additional copy is enclosed)

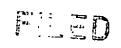
MAILING ADDRESS:

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



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122ND AND NEWBERRY INVESTOR, 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 Florida document numberL17000123761	Liability Company	were filed on	06/06/2017	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited lial	bility company he	<u>re</u> :	
Warbuch Partners LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	E BOX)			
	<u> </u>			
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			our records, enter	the name of the nev
New Registered Office Address:	N/A			
		Enter Flor	ida street address	
	N/A 		, Florida ^N	/A
		City		Zip Code
New Registered Agent's Signature, if changing	Di-4			

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>	<u>Address</u>	Type of Action
		N/A	
		N/A	
			☐ Remove
		N/A	
			□ Change
		N/A	
	<u> </u>	N/A	
			□ Remove
		N/A	A Kelliote
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		N/A	Change
		1477	□ Add
	N/A	LI Add	
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f an eifd <u>Note:</u>	N/A we date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated _	13 March 2019
	Signature of a member or authorized representative of a member
	Michael E. Warren
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00