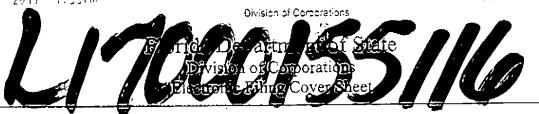
7/28/2017



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Electronic Filing Menu

Estimated Charge

Corporate Filing Menu

Help n RRUCE

\$25.00

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COVER LETTER

TO:

Registration Section

Division of Corp	porations		
SUBJECT:	355 Ha	rbor LIC	
	Name of Cimi	ted Liability Company	
The enclosed Articles of	Amenoment and fee(s) are subs	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Lisette Salazar, Esq.		
		Name of Person	
	Lisette Salazat PA		78E 2911
		Firm/Company	22 4
	200 Crandon Bivd. #3!1		IL 28 A
		Address	The >
	Key Biscaync, Fl. 33149		
		City/State and Zip Code	
	lpsalazariaw@zoi.com		•
	E-mail address: (to be used for future annual report notif	cation)
For further information of	oncoming this matter, please c	all:	
Lisette Şalazar		305 "361-6161 at ()	
Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Stazus	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (auditional 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

(((H17000198345 3)))

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

355 Harbor LLC			
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on ouliability Company)	r records.)	
The Articles of Organization for this Limited Liability Company	were filed on 07/19/201	7	_ and assigned
Florida document number L17000155116			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the abbr	eviation "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)		SECULIARI ANI A	
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our e:	records, Tenter of ORIDA	he name of the n
Name of New Registered Agent:			
New Registered Office Address:	Enser Florido sin	et oddress	
		, Florida	
	City		Zsp Code
New Registered Agent's Signature, if changing Registered Agent:	<u>i</u>		

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

Title	<u>Name</u>	Address	Type of Action
ambr	355 Harbor Cel LLC	1643 Brickell Ave. #1204	
		Miami, Fl. 33129	≅ Remove
			☐ Change
Mgr	Celeritas Corp.	1643 Brickell Ave. #1204	
		Miami, Fl. 33129	🗅 Remove
			Change
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f an effective date is listed, the date must Note: If the date inserted in this blocument's effective date on the D	t be specific and cannot book does not meet the	applicable statu	filing or more than nory filing requir	90 days after t	iling.) Pur	suant to 61 not be li	05.0207 sted as
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Dated July 28	2017	· \	1				
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Page 3 of 3

Typed or printed name of signed

Filing Fee: \$25.00