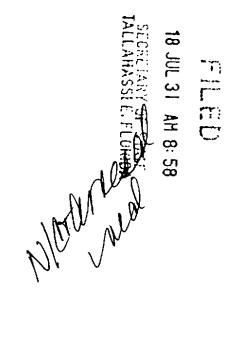
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COVER LETTER

797 PIER LANE, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kenneth G Anderson Jr Name of Person 787 Pier Lane LLC Firm/Company 27 Ravenswood Lane Address Scotch Plains, NJ 07076 City/State and Zip Code ken@unionsportsarena.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kenneth G Anderson Jr Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ■ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

TO: Registration Section

Division of Corporations

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

797 PIER LANE, LLC

797 FIER LANE, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our reco liability Company)	>>>
The Articles of Organization for this Limited Liability Company	were filed on September 07, 2	2017 and assigned
Florida document number L17000190186		SEE C
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	(i)
787 PIER LANE, LLC		•
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	.C" 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:	27 Ravenswood Lane	
(Mailing address MAY BE A POST OFFICE BOX)	Scotch Plains, NJ 07076	
		
B. If amending the registered agent and/or registered of	ffice address on our recor	ds, enter the name of the nev
registered agent and/or the new registered office address here	<u>e</u> :	
Name of New Registered Agent:	 	
New Registered Office Address:		
	ress	
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, o provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

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 = M $AMBR = A$	lanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			
			Remove
			□ Change
			Add
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
			Add
			Remove
			☐ Change
	<u> </u>		Add
			□ Remove

	second character of the name.				
E effor	tive date, if other than the date of filing: (optional)				
If an e <u>Note:</u>	tive date, if other than the date of filing:				
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.				
Dated	July 27 2018				
	[x(P)				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00