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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	PA LOCKA BUSINESS PARK	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	ondence concerning this matter	to the following:	
	SHAWN JIVANI		
		Name of Person	
	MIAMI OPA LOCKA BU	SINESS PARK LLC	
		Firm/Company	
	495 BRICKELL AVE, ST	E 3703	
	 	Address	
	MIAMI, FL 33131		
	SHAWNJIV@GMAIL.CO	City-State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
SHAWN JIVANI		786 471-2022	
Name o	nt Person		ne Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio	JNG ADDRESS: ration Section on of Corporations tox 6327	STREET/COUR' Registration Section Division of Corpo Clifton Building	on

Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI OPA	LOCKA	BUSINESS	PARK	LLC

company has been notified in writing of this change.

FILED

(Name of the Limited Liability Compar	y as it now appears on our	records.)
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	2018 J.	112 P D \$4
The Articles of Organization for this Limited Liability Company (Elorida document number, 1.17000213118)	were filed on 10/16/2017	and assigned
Florida document number 1.17000213118	TÁLLAH	ASSÉE, FLOMICA
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designatio	n "LLC" 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:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, <u>enter the name of the n</u>
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 agre- provisions of all statutes relative to the proper and complete	-	

If Changing Registered Agent, Signature of New Registered Agent

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JIVANI. SHAWN	495 BRICKELL AVE, STE 3703 MIAMI, FL 33131	□ Add
			■ Remove
			Change
AMBR	JIWNANI, PUNIT	495 BRICKELL AVE, STE 3703 MIAMI, FL 33131	■ Add
			□ Remove
			Change
		·	□ Add
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	Dated	·	_ ·	
JIVANI, SHAWN	S	gnature of a member or author	ized representative of a member	
WE CANAL AREAS TENS	IIVANI SHAWN			

Page 3 of 3

Filing Fee: \$25.00

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D. It amending any other information, enter change(s) here: Littach daditional sheets, if necessary,

Page 3 of 3

Filing Fee: \$25.00