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01/30/18--01010--011 **25.00

COVER LETTER

TO:	Registration So Division of Cor					
CUDI	Echo Retai	LLC				
SUBJ	EC1:	Name of Lin	nited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Jacob Ohayon				
			Name of Person			
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
		1820 NE 163 St				
			Address			
		North Miami Beach, Fl. 33162				
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		jacobohayon@gmail.com				
		E-mail address: (to be used for future annual report noti	fication)		
For fu	rther information c	oncerning this matter, please c	all:			
Jacob	Ohayon		305 300-4545 at ()			
	Name o	f Person	Area Code Daytiin	e Telephone Number		
Enclos	sed is a check for th	ne following amount:				
\$2	5.00 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**

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records Liability Company)	<u>.,</u>
The Articles of Organization for this Limited Liability Company Florida document number L17000220238.	were filed on 10/24/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
12326 Building LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	
Enter new principal offices address, if applicable:	12326 NE 6th Ave	
(Principal office address MUST BE A STREET ADDRESS)	North Miami, Fl. 33161	30 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	bility Company," the designation "LLC" or the ab 12326 NE 6th Ave North Miami, Fl. 33161 office address on our records, enter	1. F3
		enter the name of the
		- CHARLE OF THE
registered agent and/or the new registered office address her Name of New Registered Agent:		- Career the hame of the
registered agent and/or the new registered office address her	<u>e</u> :	
•	e: Enter Florida street address	

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
			∩ Add
			☐ Remove
			Change
			D Add
			□ Remove
			Change
			□ Remove
		 	☐ Change
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Signature of a member or authorized representative of a member		
Typed or printed name of signed		

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Filing Fee: \$25.00