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W HARRIS

COVER LETTER

TO:	Registration Sec Division of Corp			
	MV 108 LL	С		
SUBJE	:C1:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		Jed R. Friedman, Esq.		
			Name of Person	
		Jed R. Friedman, P.A.		
			Firm/Company	
		· · · · · · · · · · · · · · · · · · ·	Address	
		Miami, FL 33130		
			City/State and Zip Code	
		friedmanlawfirm@gmail.co	m to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please ca		,
Jed R. Friedman, Esq.			305 375-0808 at () Area Code Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed 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

MV 108 LLC					
(Name of the Limi	ted Liability Company (A Florida Limited Liab	as it now appears on our recodity Company)	ord <u>s.</u>)		
The Articles of Organization for this Limited L	iability Company we	ere filed on 10/24/2017		_ and ass	igned
This amendment is submitted to amend the fol-	lowing:				
A. If amending name, enter the new name of	of the limited liabilit	y company here:			
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "I	.L.C" or the abbrev	viation "L	.L.C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STRE	ET ADDRESS)			<u></u>	
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Catanana and and draw if applicable			•	1	, e
Enter new mailing address, if applicable:	-				1 -
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
	-		· · · •		
			4.0	60	
B. If amending the registered agent and registered agent and/or the new registered of		e address on our reco	ords, <u>enter the</u>	e name	of the ne
Name of New Registered Agent:	Marvin Ceder				
New Registered Office Address:	3900 Island Blvd,	No. 108			
Negistered Street Hadress.		Enter Florida street ad	dress		
	Aventura		Florida 33162		
		Cuy		Zip Code	

New Registered Agent's Signature, if changing Registered Agent:

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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Jacob Ohayon	3900 Island Blvd #302	Add
		Aventura, FL 33162	_ ■ Remove
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an effection of the second of	date, if other than the date of filing:	.) Pursuant will not b	æ liste	d as
11CO	<u> </u>	.,	2	
	Signature of a member or authorized representative of a member	<u> </u>	2917 K	
	Jed K. Friedman, Esq.		_ 	
	Typed or printed name of signee	·		į

Filing Fee: \$25.00