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COVER LETTER

Division of Corpo	orations		
subject: <u>1423</u>	Name of Limit	St. Holdings ted Liability Company	LLC
The enclosed Articles of A	mendment and fec(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
		Sibila Name of Person	
		Firm/Company	
	_200 Nh	1 63rd Ct	
			···
	Mia	m1 F1 331	26
	E-mail address: (to	City/State and Zip Code 5/b/AB Yah o be used for future annual report no	W. COM itification)
For further information con	cerning this matter, please ca	II:	
Erik 5 Name of 1	i bila Person	at (<u>3.05</u>) 28 Area Code Dayti	3-9816 me Telephone Number
Enclosed is a check for the	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)

MAILING ADDRESS:

TO;

Registration Section

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

14238 SW 49 St Hold (Name of the Limited Liability Company as i	Ings LLC
The Articles of Organization for this Limited Liability Company were Florida document number <u>L 7,000 2, 206,21</u> .	,
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Con Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mpany," the designation "LLC" or the abbreviation "LLC."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) ———————————————————————————————————	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Floridaity 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>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ERIK Sibila	200 NW 63rd Ct	À Add
		200 NW 63rd Ct Miam, Fl 33126	□ Remove
			Change
			D Add
			Remove
			Change
			DAdd
			□ Remove
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			Change
			Add
			Remove
			Change
			Add
			D Remove
			Change

). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

<u></u>
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated
Signature of a member or authorized representative of a member
$\frac{\text{Ev}_{1}K}{\text{Typed or printed name of signee}}$

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Filing Fee: \$25.00