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(Re	questor's Name)	
. (Add	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

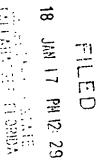


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COVER LETTER

TO: Registration Section Division of Corporation	s		
subject: <u>142'4</u>	2 5W A	49 5t Holds	ngs LLC
The enclosed Articles of Amendm	ent and fee(s) are subr	nitted for filing.	
Please return all correspondence co	oncerning this matter t	to the following:	
	Erik	51611a Name of Person	
		Firm/Company	
	200 Nu) 63rd Ct Address	
	Mian eriksi	Address MI I 33120 City/State and Zip Code bild	5. Com
For further information concerning			fication)
Erik S Name of Person	ibila_	at (<u>365</u>) <u>2 S</u> Area Code Daytim	3 - 9816 Telephone Number
Enclosed is a check for the follows: \$25.00 Filing Fee C	_	©\$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

14242 SW 49:	St Holdings LL	C
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1-17000}{220625}$.	were filed on $\frac{10/24/17}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
The new name must be distinguishable and contain the words *Limited Liabi	lity Company,* the designation "LLC" or the	abbreviation T.L.C."
Enter new principal offices address, if applicable:		= 1
(Principal office address MUST BE A STREET ADDRESS)		
		1 N
Enter new mailing address, if applicable:		29
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered o	The state of the s	r the name of the new
registered agent and/or the new registered office address her	<u>'e</u> :	
Name of Name Devicement Assess		
Name of New Registered Agent:	.	
New Registered Office Address:	Enter Florida street address	<u>.</u>
	vnier v iorida sireet adaress	
	, Florida _	Zip Code
	Cay	ыр соас

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Erik Sibila	200 NW 63rd Ct Miami Fl 33126	
		Miami F/ 33126	Remove
			EChange
			EAdd
			Remove
			[F]Add
			ERemove
			Change
			[]]Add
			₩ Remove
			Change
			DAdd
			⊞Remove
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If an effective <u>Note:</u> If th	late, if other than the date is listed, the date in late in this seffective date on the	ust be specific and block does not r	d cannot be pri neet the appl	or to date of fili icable statuto			ng.) Pursuant t		
	i specifies a delay th day after the re			ot an effec	tive time, a	t 12:01 a.m	i, on the e	arlier	of:
Dated	11/27	Signature of a	7017	thorized process	entative of a me	mber		_	
		EVI		•	La gnec				

Page 3 of 3

Filing Fee: \$25.00