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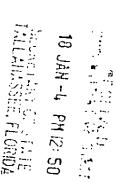
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TO:	Registration Sec Division of Corp	ction porations					
		EANS AVE. LLC					
SUBJECT:							
		Amendment and fee(s) are subm					
ricast	return an correspon	KAREN LUDWIG-O'LEAI					
			Name of Person				
		717 S. ORLEANS AVE. LI					
			Firm/Company				
		412 ELIZABETH STREET					
			Address				
		KEY WEST, FLORIDA 33	040				
			City/State and Zip Code				
		JOLEARY311@GMAIL.CO					
		E-mail address: (to	be used for future annual report notific	cation)			
For fi	inther information c	oncerning this matter, please ca	II:				
IHOL	N R. FRIERI		908 653-1441 at () Area Code Daytime				
	Name o	f Person	Arca Code Daytime	Telephone Number			
Enclo	sed is a check for th	ne 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: 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



717 S. ORLEANS AVE. LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records Limited Liability Company)	<u>r.</u>)
The Articles of Organization for this Limited Liability C Florida document number L17000231475		2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre.	56
	_	
	, Fl	lorida
	- The state of the	•

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

Title	Name	Address	Type of Action
MGR	JOHN O'LEARY	412 ELIZABETH STREET	
		KEY WEST, FLORIDA 33040	Remove
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Dated	JANUARY	4+h	1,00		018				
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			, rp						

Page 3 of 3

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