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COVER LETTER

TO: Registration Security Division of Cor			
SUBJECT:	16-14- 2	NY LLC	
SUBJECT:	Herituge 3 Nume of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Reno	Name of Person	
	R+C	Page Nuestness	s LC
	5045 5	w 74th Krrace	
	Milmi	FL 33143 City/State and Zip Code	
	Renae E-mail address: (City/State and Zip Code Dig Dig Da Com to be used for future annual report not	fication)
For further information c	oncerning this matter, please ca		
Name o	ae Page	at (<u>3D5</u>) <u>324</u> Area Code Daytin	4919 ne Telephone Number
Enclosed is a check for the	he 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

(Name of the Limited L.)	ia Willity Company as it flow appears on our records lorida Limited Liability Company)	<u>-)</u>
The Articles of Organization for this Limited Liabil	lity Company were filed on	and assigned
This amendment is submitted to amend the following		10000000000000000000000000000000000000
A. If amending name, enter the new name of the		- G
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation "LEC"
Enter new principal offices address, if applicable	e:	2 2
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	•	, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_		rida
	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 = M $AMBR = A$	lanager uthorized Member		
Title	Name	Address	Type of Action
MGR	Renae Page	5045 SW 74th ter.	
		Micmi, FL 33143	E Remove
			Change
MGR	Christopher R. Page	5045 SW 74th Terror Mim: FL 33143	Ce □ Add
	J	Mim: FL 33143	⊠ Remove
	•		□ Change
MGR	REC Page Investme	Nts, LLC	DV Add
			□ Remove
		5045 SW 74th Terrace mimi, FL 33143	Change
			SET ARRO S
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fective date, if other	er than the date of f	iling:	12 /8/17	(0]	otional) fter filing) Pursuant to 605.02
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			not an effectiv	e time, at 12:0	1 a.m. on the earlier
	er the record is fil	ed.			
The 90th day after	1,7				
The 90th day after	1/17		<u> </u>		
e record specifies The 90th day after ated	•	of a member or an	uthon/ed representa	tive of a member	<u> </u>

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Filing Fee: \$25.00