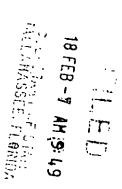
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: 4	35, LLC		
	Name of Limi	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:	
	Matthew	C. Fox	
		Name of Person	
	435, LLC		
Please return all correspondence concerning this matter to the following:			
	8930 SE E	BRIDGE Rd.	
	HOBE SOUN	D, FL 33455	
		City/State and Zip Code	
	m fox @ gr	Ibullen. com	otification)
For further information of	concerning this matter, please ca	nll:	
Teicia Wout	usiat	at (516) 945	-6766
Name o	of Person	Area Code Days	time Telephone Number
Firm/Company 8930 SE BRIDGE Rd. Address HoßE SOUND, FL 33455 City/State and Zip Code MFox @ gybullen. Com E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: TRICIA WOJTUSTAL Name of Person Area Code S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Firm/Company Firm/Company For Rd. Address Addre			
\$25.00 Filing Fee		Certified Copy	Certificate of Status &

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

435, LLC	
(Name of the Limited 1 (A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liabi	ility Company were filed on January 11, 2018 and assigned
Florida document number L 1 8 0000 105	<u>96</u> .
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	e limited liability company here:
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET)	ADDRESS)
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 offic	registered office address on our records, enter the name of the new e address here:
Name of New Registered Agent:	Solar to the second
New Registered Office Address:	Enter Florida street address
-	City Florida Zip Code
New Registered Agent's Signature, if changing Reg	ristered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address, I hereby confirm that the limited liability ange.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MEMBER	CHRISTIAN DEMERS	713 MARTIME WAY PALM BEACH GARDENS, FL 33410	□ Add Э
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an effective date is list ote: If the date inso	ther than the date of filing: and, the date must be specific and cannot be reted in this block does not meet the applicate on the Department of State's reco	plicable statutory filing re	(optional) than 90 days after filing.) Pursequirements, this date will r	uant to 605.020 not be listed a
	s a delayed effective date, but ter the record is filed.	t not an effective tim	e, at 12:01 a.m. on tl	he earlier (
ated		<u> </u>		
flts	Signature of a member of	authorized representative of	a member	 .
	MATTHEW C.	FOX		
	17111111111 (1 ()),		

Page 3 of 3

Filing Fee: \$25.00