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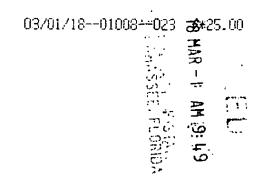
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COVER LETTER

TO: Registration S Division of Co		VERY	URGENT PLEASE.
•	- NE 52nd Street LLC	V = \ /	PLEASE.
	Name of Lim	nited Liability Company	
	Amendment and fee(s) are sub	_	
- rease return an correspond	ondence concerning this matter	to the following:	
	Selwyn Gishen		
		Name of Person	
	The Gishen Group LLC		
		Firm/Company	
	5020 NW 24th Circle		
		Address	
	Boca Raton, Florida 33431	I	
		City/State and Zip Code	
	selwyn@gishengroup.com		
For further information of	concerning this matter, please concerning this matter.	to be used for future annual report n all:	iotification)
Selwyn Gishen		561 504-4747	
Name o	f Person	at () Area Code Days	time 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

Semper Fi - NE 52ND Street LLC (Name of the Limited inbility Company as it now appears on our records.)
londa Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 02/13/2018 and assigned Florida document number L18000039697 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Semper Fi - 630 NE 52ND Street LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida syreet address

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

Florida

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to tote: If the date inserted in this block does not meet the applica ocument's effective date on the Department of State's records.	ible statutor	y filing requirer	(optional)) days after filing.) ments, this date w	Pursuant vill not b	to 605.02 oc listed
e record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effect	tive time, at	12:01 a.m. o	n the (earlier
rated February 27th , 2018	-: Gh1	heir			
Signature of a member or author	rized represer	ntative of a memb) 		_
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Page 3 of 3

Filing Fee: \$25.00