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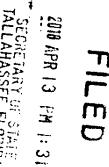
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
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COVER LETTER

Division of Cor						
Suite 144, I						
SUBJEC1:		ted Liability Company				
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.				
Please return all correspo	endence concerning this matter t	to the following:				
	Lawrence S. Klitzman					
		Name of Person				
	Klitzman Law Group, PLL	c				
		Firm/Company				
	PO Box 267430					
		Address				
	Weston, FL 33326					
		City/State and Zip Code				
	lsk@klitzlaw.com	S. Klitzman Name of Person Law Group, PLLC Firm/Company 67430 Address FL 33326 City/State and Zip Code aw.com E-mail address: (to be used for future annual report notification)				
	E-mail address: (to be used for future annual report notific	cation)			
For further information of	concerning this matter, please co	all:				
Lawrence S. Klitzman, I	Esquire					
Name o	of Person	Area Code Daytime	Telephone Number			
Enclosed is a check for t	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

Suite 144, LLC							
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Ciability Company)						
The Articles of Organization for this Limited Liability Company	were filed on $\frac{03/06/2018}{}$ and assigned						
Florida document number L18000059069							
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liab	ility company here:						
Suite 120, LLC							
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."						
Enter new principal offices address, if applicable:	1301 International Parkway						
Principal office address MUST BE A STREET ADDRESS)	Suite 120						
	Sunrise, Fl 33323						
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)							
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here							
Name of New Registered Agent:	SECIRE!						
Name of thew registered Agent:	S 20 20 20 20 20 20 20 20 20 20 20 20 20						
New Registered Office Address:	Enter Florida street address						
	Enter Florida street address						
	, Florida; Florida; Florida;						
	City Court						

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Regional Investment Properties, Inc	PO Box 267430, Weston, Fl 33326	■ Add
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			Remove
			Change
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ffective date, if other than t	he date of fi	ling:					(optiona	l)		
an effective date is listed, the date note: If the date inserted in this	nust be specific	and cannot	t be prior to	o date of fil	ing or more	than 90 da	ys after filin	ig.) Pursu	ant to 60)5.020 sted a
ocument's effective date on the	Department (of State's	records.		-,					
e record specifies a delay The 90th day after the re	ed effectiv ecord is file	e date, ed.	but not	an effe	ctive tin	ne, at 12	!:01 a.m	, on th	ie earl	ier (
ated April 9		201	8	_ •						
		///		_						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00