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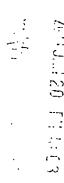
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COVER LETTER

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TO: Registration Se		•	
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	DERAL, LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	AGNELO GONSALVES		
		Name of Person	
	BROOKEVILLE ASSOC	IATES, LLC	
		Firm/Company	<u>_</u>
	1013 LUCERNE AVE, SU	JITE 300	
		Address	273
	LAKEWORTH, FL 33460)	- (교) (교
		City/State and Zip Code	
	AGG2100@GMAIL.COM		
		to be used for future annual report notif	ication)
For further information c	oncerning this matter, please c	all:	· - ;
AGNELO GONSALVE	S	301 928 9604 at ()	•
Name o	f Person		: Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 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		<u>Street Address:</u> Registration Sec	ction
Registration Section Division of Corporations		Division of Corp	
P.O. Box 632		The Centre of T	
Tallahassee, l	rt. 32314	2415 N. Monro	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

7900 N. FEDERAL, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{03/21/2018}{1}$ and assigned Florida document number 1.18000073341 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 301 LAKE AVE HOLDINGS, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1013 LUCERNE AVE, SUITE 300 Enter new principal offices address, if applicable: LAKEWORTH, FL 33460 (Principal office address MUST BE A STREET ADDRESS) 1013 LUCERNE AVE, SUITE 300 Enter new mailing address, if applicable: LAKEWORTH, FL 33460 (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 the new registered agent and/or the new registered office address here: BROOKEVILLE ASSOCIATES, LLC Name of New Registered Agent: 1013 LUCERNE AVE, SUITE 300 New Registered Office Address: Enter Florida street address , Florida 33460 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 confign that the limited liability company has been notified in writing of this change.

City

LAKEWORTH

nging 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	AGNELO GONSALVES	21516 NEW HAMPSHIRE AVE	□Add
		BROOKEVILLE, MD 20833	□Remove
			∃ Change
AMBR	AGNELO GONSALVES	ES 21516 NEW HAMPSHIRE AVE	□Add
		BROOKEVILLE, MD 20833	□Remove
			\alpha Change
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Filing Fee: \$25.00