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COVER LETTER

TO:	Registration S Division of Co					
		Of 3355 . LLC		•		
SUBJEC	Yr:	Name of Limited Liability Company				
The encl	osed Articles o	of Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all corresp	pondence concerning this matter	to the following:			
		David Cıanellı				
		Agents of 3355, LLC	Name of Person			
		3020 NE 46th Street	Firm/Company			
		Fort Lauderdale, Florida 33				
		dane895@bellsouth.net	City/State and Zip Code		10 KON	
		E-mail address: (to be used for future annual report notifi	cation)	i .a	
For furth	ner information	concerning this matter, please ca	all:		· •	
David C	Cianelli		954 931-5885 at ()		ů. R	
	Name	of Person		Telephone Number	n, Q	212 1045 175
Enclosed	f is a check for	the 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**

	ARTICLES OF A TO ARTICLES OF OF) RGANIZATION	
	OF		
Agents of 3355, LLC			
(Name of the	e <u>Limited Liability Company</u> (A Florida Limited Lia	y as it now appears on our records ability Company)	(_)
The Articles of Organization for this Limi Florida document number L18000089675		rere filed on	and assigned
This amendment is submitted to amend th			
A. If amending name, enter the new na	me of the limited liabili	ty company here:	
The new name must be distinguishable and contain	n the words "Limited Liability	Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if a	applicable:		
(Principal office address MUST BE A ST	TREET ADDRESS)		
Enter new mailing address, if applicabl	le:		
(Mailing address MAY BE A POST OFF	FICE BOX)		
B. If amending the registered agent registered agent and/or the new register		ce address on our records	, enter the name of the new
Name of New Registered Agent:	<u> </u>		
New Registered Office Address:	: <u> </u>	Enter Florida street address	
		C1.	rida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Linda Waldron	4020 Galt Ocean Drive #1402 Fort Lauderdale, Florida 33308	Add
			■ Remove
			Change
			Add
			Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Add
			☐ Remove
			□ Change
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Note:	ve date, if other than the date of filing ective date is listed, the date must be specific and If the date inserted in this block does not ment's effective date on the Department of Sciences.	eet the applicable s	of filing or more than 90 atutory filing requiren	(optional) days after filing.) Pursuant to 6 ents, this date will not be li	05.0207 (3) sted as the
ne rec The	ord specifies a delayed effective d 90th day after the record is filed.	ate, but not an	effective time, at	12:01 a.m. on the ear	lier of:
Dated	,				
	Danding (M) Signature of a n	/			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00