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COVER LETTER

TO:	Registration Se Division of Cor		.,	
et:dil		TREET LLC		
SUBJI	ECT:	Name of Limi	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Kurt D. Zimmerman	1	
			Name of Person	
		Zimmerman & Associates,	PA	
			Firm/Company	
		2400 E. Commercial Blvd.	Suite 820	
			Address	
		Fort Lauderdale, FL 33308	3	
			City/State and Zip Code	
		kurt@zimmermanlaw.com		
		E-mail address: (t	to be used for future annual report notifi	eation)
For fur	ther information co	oncerning this matter, please ca	all:	
Kurt E). Zimmerman		954 202-7440	
	Name o	f Person	at () Area Code ——Daytime	Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2;	5.00 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

NE 45TH STREET LLC		
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) la Limited Liability Company)	,
The Articles of Organization for this Limited Liability (Plorida document number <u>L18000136302</u>	Company were filed on 06/01/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
		•
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
		•
<u>Principal office address MUST BE A STREET ADD</u>	RESS)	·
		. ,
		•• (3 •• (3
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	·	
		·····
3. If amending the registered agent and/or regi registered agent and/or the new registered office add		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	,
	izuer vioriaa sireei daaress	
	, Flor	
	City	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 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>	<u>Address</u>	Type of Action
MGR	Kurt Zimmerman	2400 E. Commercial Blvd., #820 Fort Lauderdale, FL 33308	□ Add
			■ Remove
			Change
MGR	Sharon Gustafson	3200 N Ocean Blud., Ft. Liwberdale, Fl 3	
	Shiron Custation		Add Add
			□ Remove
			Change
MGR	Shannon Brooks	3120 NE 45th Street Fort Lauderdale, FL 33308	₽ Add
			Remove
			☐ Change
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tive date, if other than th Rective date is listed, the date m	e date of filing:	(optional) of tiling or more than 90 days after filing.) Pursuant to 605.0
If the date inserted in this b	block does not meet the applicable st	atutory filing requirements, this date will not be listed
ment's effective date on the l	Department of State's records.	
	ad afficiation date of the society	effective time. It 17,01 and the second
ecord specifies a delaye e 90th day after the re		effective time, at 12:01 a.m. on the earlie
October 27	2018	
	Signature of a member or authorized	
<i>[</i> -	() well	

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Typed or printed name of signee

Filing Fee: \$25.00