| 18000 | 143937 |
|--------|--------|
| ACIANI | |

| (F | Requestor's Name) | |
|----------------------|----------------------|-------------|
| (/ | Address) | |
| | Address) | |
| (0 | City/State/Zip/Phone | e #) |
| PICK-UP | | MAIL |
| (E | Business Entity Nar | ne) |
| ([| Document Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions | to Filing Officer: | |
| | | |
| | | |
| | | |
| | Office Use On |] |

. . . .



03/28/18--01015--013 **25.00

NUSCH CARY OF STATE

N COOPER:

OCT 0 3 2018

| , | | COVED LETTE | D | |
|--|--|---|--|-------|
| | | COVER LETTE | .K | |
| TO: Registration Division of C | Section Corporations | | | |
| | eet Channel, LLC. | | | |
| SUBJECT: | Name of Lim | ated Liability Company | *** | |
| | | | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corre | spondence concerning this matter | to the following: | | |
| | Juan A. Gascon | | | |
| | | Name of Person | | |
| | Street Channel, LLC | | | |
| | | Firm'Company | | |
| | 2200 SW 1st Ave | | | |
| | ······································ | Address | | |
| | Miami, FL 33129 | | | |
| | | City/State and Zip Code | · · · · · · · · · · · · · · · · · · · | |
| | gasconjuan@hotmail.con | n to be used for future annual | report politication) | |
| For further informatio | n concerning this matter, please ca | | | |
| Martin Rosenow, Es | | | 56-0058 | |
| | e of Person | at () Area Code | Daytime Telephone Number | |
| | | | | |
| Enclosed is a check fo | r the following amount: | | | |
| ■ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee Certified Copy (additional copy is en | Certificate of S | tatus |
| Reg Div | ILING ADDRESS: istration Section ision of Corporations | Registra Division | T/COURIER ADDRESS: ition Section a of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Street Channel, 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 <u>June 11, 2018</u> and assigned Florida document number <u>L18000143937</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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: | ä- | |
|---|-----------------|---------|
| (Principal office address MUST BE A STREET ADDRESS) | (? | <u></u> |
| | <u>ס</u> | <u></u> |
| | <u>>></u> | <u></u> |
| Enter new mailing address, if applicable: | | |
| | <u></u> | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>N</u> | |

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

| Name of New Registered Agent: | | |
|--------------------------------|------------------------|-------------------|
| New Registered Office Address: | Enter Florida street a | ddress |
| | City | . FloridaZip 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, <u>enter the title, name, and address of each person</u> being added '<u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> Adriana M. Barresi | <u>Address</u> 2200 1st Ave. | Type of Action |
|--------------|-----------------------------------|--|-----------------------|
| MGRM | | Miami. FL 33129 | Add |
| | | | Remove |
| | | | Change |
| MGRM | | 1835 Hallandale Beach Blvd., Unit 340 | Add |
| | | Hallandale Beach, FL 33009 | |
| | | | Remove |
| | | | Change |
| | | | 🖸 Add |
| | | | Remove |
| | | | Change |
| | _ | | 🛛 Add |
| | | | Remove |
| | | | Change |
| | | | Add |
| | | | Remove |
| | | | Change |
| | | | 🗆 Add |
| | | | Remove |
| | | | Change |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

| | | _ |
|--|---|------------------------|
| - <u>-</u> | | _ |
| | | |
| | | |
| | | -0 |
| | | |
| | | 22 73 |
| | 8 | |
| | | र स्टू भूद्र भूद |
| | 26 5 | |
| | | |
| | | — |
| | | <u> </u> |
| - <u>-</u> | | _ |
| ffective date, if other than the date of filing: | (optional) | |
| Ifective date, if other than the date of filing: | g or more than 90 days after filing.) Pursuant to 6 | 605.0201 isted as |

(b) The 90th day after the record is filed.

•

.

.

| Sept | ember 24 | 2018 | | | | | |
|------|----------|--|---------------|--------------|-----|----|--------|
| | h | . | | | | | |
| _ | Mallin | Signature of a member or autho Rosensw, Esg | • | Attorney for | Tun | А. | bescon |
| _ | | Typed or printe | I name of sig | znee / | | | - |

Page 3 of 3 Filing Fee: \$25.00