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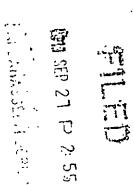
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## **COVER LETTER**

Division of Corporations
SUBJECT: Palm Springs Blvd Lint 6311, LLC, Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Alina Chamberlain Name of Person Terano Financial LC Firm/Company
(210 421 th St. N + 18
City/State and Zip Code  Manha Han Linan Ce Co & anal Com  E-mail address: (to be used for future abunual proport notification)
For further information concerning this matter, please call:
Area Code Daytime Telephone Number 37 55 75 75 75 75 75 75 75 75 75 75 75 75
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status \$\Bigcup \text{\$60.00 Filing Fee.}\$\$ Certified Copy (additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$

MAILING ADDRESS:

Registration Section

TO:

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

The Articles of Organization for this Limited Liability Company were filed on \_and assigned Florida document number L18000156 603. 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter thername of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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	ment's effective date on the Department of State's records.	Control of
If the re (b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a. $\overline{m}$ . on the earlie 90th day after the record is filed.	lier of:
Dated	a Sept 210 2018	
	Signature of a member or authorized representative of a member	
	Typed or printed name of signee	

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Filing Fee: \$25.00