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(Re	questor's Name)	
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Special Instructions to	Filing Officer:	
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COVER LETTER

	305 ST, LLC.			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
Please return all correspo	ondence concerning this matter	to the following:		
	Cesar R. Sordo			
		Name of Person		
	Sordo & Associates, P.A.			
		Firm/Company		
	3006 Aviation Ave., 2A			
		Address		19 H
	Coconui Grove, Florida 33	3133		語
		City/State and Zip Code		
	esordo@sordolaw.com E-mail addiess: (to be used for future annual repo	rt notification)	ά Ξ
For further information of	concerning this matter, please or		,	
Cesar R. Sordo, Esq.		305 859-81	07	
Name o	of Person	Area Code 12	aytime Telephone Number	
Enclosed is a check for t	he 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 Certificate of Certified Co (additional cog	of Status & opy
	ING ADDRESS: ration Section	STREET/CO Registration S	OURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

15281 SW 305 ST, LLC.		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/23/18	and assigned
Florida document number 1.18000202377		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Amand-54th Street Project, LLC.		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3006 Aviation Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Suite 2A	<u> </u>
	Coconut Grove, Florida 33133	<u> </u>
		邓 []
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		8: 2A AA
		:a : <u>5</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Gaurav Butani	3006 Aviation Avenue, 2A Coconut Grove, Florida 33133	Add
		🗖 Remove	
			☐ Change
		☐ Remove	
		Add	
			□ Remove
		☐ Change	
		Add	
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			☐ Remove
			□ Change

	
	
r: e'e	Alice describentation about the order of 1711 cm.
(If an c Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	2/26/19
Date	Grasam
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00