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COVER LETTER

	gistration Sec ision of Corp					
eub meer		ederal Highway, LLC				
SUBJECT: Name of Limited Liability Company						
The enclosed	l Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		Steven Lippman				
			Name of Person			
		National Companies				
			Firm/Company			
		135 NW 100 Ave				
			Address			
		Ft. Lauderdale, Floirda 333	324			
		slippman@natlco.com	City/State and Zip Code			
		E-mail address: (to be used for future annual report	notification)		
For further in	nformation co	oncerning this matter, please ca	all:			
Steven Lippi	man		954 361-456 at ()			
	Name of	Person	Area Code Da	ytime Telephone Number		
Enclosed is a	check for the	e following amount:				
■ \$25.00 F	iling 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

Franzblau Federal Highway, 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 $\frac{09/17/2018}{1}$ and assigned Florida document number <u>L18000219815</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 c/o Smith Moses Morris & Associates Enter new principal offices address, if applicable: 2125 S. Andrews Ave. (Principal office address MUST BE A STREET ADDRESS) Ft. Lauderdale, Florida 33316 c/o Smith Moses Morris & Associates Enter new mailing address, if applicable: 2125 S. Andrews Ave. (Mailing address MAY <u>BE A POST OFFICE BOX)</u> Ft. Lauderdale, Floirda 33316 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street 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.

Cirv

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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Note:	ective date, if other than the date of filing:	tional) ter filing.) Pursuant to 605.0207 (3)(1) this date will not be listed as the
	record specifies a delayed effective date, but not an effective time, at 12:01 he 90th day after the record is filed.	a.m. on the earlier of:
Dated	ed 11/19/19 11/2011 hala	
	/ ///// MWOW	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00