Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : I20120000051

Phone : (305)937-7773

Fax Number

: (815)301-2897

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 650 NE 122 ST LLC

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OCT 2 9 2018

T. LEWISHY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

26H OCT 25 P # 35

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650 NE 122 ST LLC

(Name of the Lin	ilted Liability Company as it now app (A Florida Limited Liability Compan	ears on our records.) - 7	
		MULKINGSELL	I LOPAL ME
The Articles of Organization for this Limited	Liability Company were filed on	09/17/2018	and assigned
Florida document number 1.18000220645			_
This amendment is submitted to amend the fo	llowing:		
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," th	e designation "LLC" or the abl	previation "L L C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and	l/or registered office address of	on our <i>records,</i> enter t	he name of the nev
registered agent and/or the new registered of	office address here:	<u> </u>	in them of the my
	MUMAL PICUMAN		
Name of New Registered Agent:	YUVAL FISHMAN		
New Registered Office Address:	19630 NE 26 AVE		
·	Enter F1	ordu street address	
	MIAMI	Florida 3318	10
	Cm		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

Title	Name	Address	Type of Action
MGR	BONNARDEL, SHMUEL	19630 NE 26TH AVE MIAMI, FL 33180	
			O Add
		**************************************	□ Remove
			☐ Change
			□ ∧dd
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