<u>L18000222332</u>

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COVER LETTER

	Section Corporations	••	
320 SOU	JTH HIBISCUS DRIVE, LLC		
	Name of Lir	nited Liability Company	·
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Klara Fishman-Sitbon, Es	q.	
		Name of Person	
	Law Offices of Fishman-S	Sitbon, P.A.	
		Firm/Company	
	80 SW 8th Street, FL 20		
		Address	· · · · · · · · · · · · · · · · · · ·
	Miami Beach, FL 33130		
		City/State and Zip Code	-
	kfishman@fsplegal.com		
		to be used for future annual report noti	ication)
For further information	concerning this matter, please c	all:	
Klara Fishman-Sitbon		305 423-7077	
Nank	of Person	at ()	: Telephone Number
Enclosed is a check for	the 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 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

320 SOUTH HIBISCUS DRIVE, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	· · ·
The Articles of Organization for this Limited Liability O	Company were filed on 09/19/2018	and assigned
Florida document number 1.18000222332		_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "ELC" or	the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>er</u> <u>ress here</u> :	nter the name of the new
Name of New Registered Agent:	······································	
New Registered Office Address:		
	Enter Florida street address	,
	Florid:	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Daniel Tzinker	9111 E BAY HARBOR DR. #6B	
		Bay Harbor Island, F1, 33154	■ Remove
			□ Change
MGR	Varvara Kukhno	1080 Alton Road	∃ Add
		Miami Beach, FL 33139	□ Remove
			Change
			
			□ Remove
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ective date, if other than t	ne date of filing:			(ontional)	
ective date, if other than t effective date is listed, the date r e: If the date inserted in this	ust be specific and cannot block does not meet th	t be prior to date of se applicable stat	filing or more than 90	days after filing.) Pursu	iant to 605.02
ument's effective date on the			and ming requires	neng and ane with	or oc fisica
record specifies a delay he 90th day after the re		but not an ef	fective time, at	12:01 a.m. on th	ne earlier
ed April 12	201	19			
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Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee