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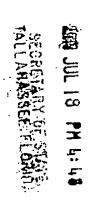
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COVER LETTER

TO: Registration Se Division of Cor			열.
13925 SW 4 SUBJECT:	19 Circle Terrace LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Scott Marcus, Esq.		
		Name of Person	
	Becker & Poliakoff P.A.		
		Firm/Company	
	1 East Broward Blvd., Sui	te 1800	
	<u></u>	Address	
	Fort Lauderdale, FL 3330	1	
	smarcus@beckerlawyers.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information co	ncerning this matter, please c	all:	
Scott Marcus, Esq.		954 987-7550 at ()	
Name of	Person		Telephone Number
Enclosed is a check for the	o 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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF (ORGANIZATION S CONTROL		
	OF REAL OF THE PROPERTY OF THE		
13925 SW 49 Circle Terrace LLC			
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on October 2, 2018 and assigned		
Florida document number L18000232125	-·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	6931 S.W. 159th Place		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33193		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her			
Name of New Registered Agent:			
New Registered Office Address:	Para Elasta de la laca		
	Enter Florida street address		
	, Florida		

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 ad or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			Change
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Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	k does not meet the applic	able statutory filii	(option nore than 90 days after f ng requirements, this o	1al) iling.) Pursuant to 605.0207 (3 date will not be listed a s th
the record specifies a delayed e) The 90th day after the record		ot an effective	time, at 12:01 a.	m, on the earlier of:
Dated July 17	2019	_		
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	gnature of a member or auth	orized representative	e of a member	

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Filing Fee: \$25.00