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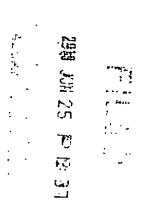
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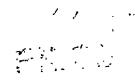
TO: Registration S Division of Co				
11840 SW	⁷ 212 Street LLC			
SUBJECT:	Name of Lin	nited Liability Company	<u>.</u>	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Scott Marcus			
		Name of Person		_ .
	Becker & Poliakoff, P.A.			
		Firm/Company		
	1 E. Broward Boulevard.	Suite 1800		
		Address	· · · · · · · · · · · · · · · · · · ·	
	Fort Lauderdale, FL 3330)1		
		City/State and Zip Code		
	smarcus@beekerlawyers.c	om to be used for future annual.	esa vet soutificanti su	
For further information	concerning this matter, please c		report normeanom	•
	toncerning and matter, piease e		4.604	
Scott Marcus	of Person	at ()	4-6045	
Name (n rerson	Area Code	Daytime Telept	ione 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 tadditional copy is encl		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed
Registi Divisio	ING ADDRESS: ration Section on of Corporations	Registrati	COURIER AD on Section of Corporations	DRESS:

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO OF

ARTICLES OF ORGANIZATION



11840 SW 212 Street LLC

(Name of the Limited Liability Company as it now appears on our records.) 25 12: 37
(A Florida Limited Liability Company) 25 25 27: 37 The Articles of Organization for this Limited Liability Company were filed on October 2, 2018 and assign Florida document number 1.18000232129 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 "LLC 3601 S.W. 160th Avenue Enter new principal offices address, if applicable: Suite 320 (Principal office address MUST BE A STREET ADDRESS) Miramar, FL 33027 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of A
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<u></u>	
(If an effecti Note: If (date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier Oth day after the record is filed.
Dated	ne 20
	Signature of a member or authorized representative of a member
	Scott Marcus
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00