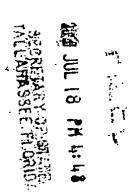
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## **COVER LETTER**

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11860 SW SUBJECT:	212 Street LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	A P. S.
	Scott Marcus, Esq.		
	· <u>····</u> ·	Name of Person	<del></del>
	Becker & Poliakoff P.A.		
	1	Firm/Company	
	l East Broward Blvd., Suit	• •	
	<del></del> -	Address	<del></del>
	Fort Lauderdale, FL 3330	1	
	smarcus@beckerlawyers.co		
		to be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	all:	
Scott Marcus, Esq.		954 987-7550 at ()	
Name o	f Person	Arca Code Daytimo	e Telephone Number
Enclosed is a check for th	ne 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:

TO:

Registration Section Division of Corporations

> 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**

11860 SW 212 Street LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

JUL 18

The Articles of Organization for this Limited Liability Company	y were filed on October 2, 2018 and exigned.
Florida document number L18000232141	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility 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 of registered agent and/or the new registered office address her	office address on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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
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			□ Remove
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	is block does not meet the	e applicable statute	ling or more than 90 d ory filling requireme	_ (optional) ays after filing.) Pursuar nts, this date will not	nt to 605,0; be listed
the record specifies a dela ) The 90th day after the	yed effective date, brecord is filed.	out not an effe	ctive time, at 1.	2:01 a.m. on the	earlier
Dated July 17	. 2019	, ,		2	
		`			
	Signature of a member	or authorized repres	entative of a mamba		

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Filing Fee: \$25.00