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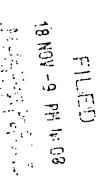
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### **COVER LETTER**

TO:	Registration Se Division of Cor			
SUBJEO		11 Key 706, LLC		
SUBJE	UI:	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub	-	
	·	GREG HERSKOWITZ	·	
		THE HERSKOWITZ LAV	Name of Person V FIRM	
		9130 S. DADELAND BLV	Firm/Company VD.	
		Miami, FL 33156	Address	
		greg@hlfmiami.com	City/State and Zip Code	
For furth	ner information co	E-mail address: () oncerning this matter, please ea	to be used for future annual report notifi	cation)
Greg He	erskowitz		305 423-1259 at ( )	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d 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:

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

888 BRICKELL KEY 706, LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 10/31/18 and assigned
Florida document number L18000256030	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	egg de Contraction d
<del></del>	
Enter new mailing address, if applicable:	
	- <del> </del>
Mailing address MAY BE A POST OFFICE BOX)	
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	r.nier r ioriau sireet adaress
	, Florida
	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 = M $AMBR = M$	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	KAHN, SUSAN M.		
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			Add
			□ Remove
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an effective date is listed, the date mus	be specific and cannot be prior to c	(optional date of filing or more than 90 days after filing	ng.) Pursuant to 605.020
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seament's effective date of the is-	partment of State's records.		
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NOVEMBER 8	2018		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00