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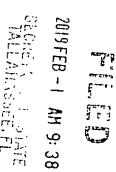
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: SOUTHWEST 44TH STREET #206 LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Christopher Dolce Name of Person
Firm/Company
15928 West Wind Circle
Sunrise FL 33326 City/State and Zip Code do Cerea estate a gmail. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Dolce at (954) 557 5472 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
X! \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) [#\$\$50.00 Filing Fee 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

FILED

SOUTHWEST 44TH STREET #200 FEB - LLAC 9: 38 (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) Shouth and A State of the Limited Liability Company)	
(A Florida Limited Liability Company) SECHE SHALL SOLVE SHALL	
The Articles of Organization for this Limited Liability Company were filed on $\frac{1/8/2019}{2019}$ and as	signed
Florida document number <u>L1900001003</u> 7	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
3211 SW 44 ST # 206 LLC	
The new name must be distinguishable and contain State of the property of th	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	·
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 the ne
registered agent and/or the new registered office address here:	or the ne
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 com	oly with the

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

Title	<u>Name</u>	Address	Type of Action
	···		[H]Add
			Remove
			[#]Change
			[8]Add
			Remove
			[#]Change
			(#]Add
		[#]R	[#]Remove
			[#Change
			[#]Add
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Page 3 of 3

Filing Fee: \$25.00