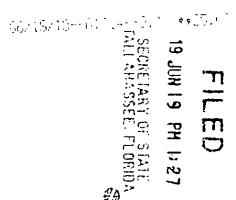
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COVER LETTER

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elibie <i>c</i>	1400 LLC		
SUBJEC		Name of Limited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are submitted for filing.	
Please ret	turn all correspo	ondence concerning this matter to the following:	
		JOHN SIMS	
		Name of Person 1400, 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: JOHN SIMS Name of Person 1400, LLC Firm/Company 8708 SW 55 ST Address COOPER CITY, FL 33328-4324 City/State and Zip Code johnsims@bellsouth.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: JOHN SIMS Name of Person At (954			
		johnsims@bellsouth.net	
For furthe	er information c		
JOHN SI	IMS	· at ()	_
	Name o	f Person Area Code Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:	
\$25.0	00 Filing Fee	Certificate of Status Certified Copy Certificate of S (additional copy is enclosed) Certified Copy	tatus &
	Registr Divisio P.O. Bo	ration Section Registration Section on of Corporations Division of Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1400 LLC	
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000056257</u>	were filed on 02/26/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabil	hity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8708 SW 55 ST
(Principal office address MUST BE A STREET ADDRESS)	COOPER CITY, FL 33328-4324
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	HASSET PRIME
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice 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

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	JEFF CHANDLER	1400 SOUTHERN BLVD.	
		WEST PALM BEACH, FL	
		33406	□ Remove
			Change
AMBR	STREAMLINE DATA SOLUTIONS 401K PLAN	1400 SOUTHERN BLVD.	
		WEST PALM BEACH, FL	☐ Remove
		33406	
			Change
AMBR	JANET R. SIMS	8708 SW 55 ST	
		COOPER CITY, FL	□ Remove
		33328	SECRETA Change
AMBR	JOHN B. SIMS III	8708 SW 55 ST	Add Add
		COOPER CITY, FL	
		33328	Remove
AMBR	TOMMY MAGALDI, LLC	MAGALDI, LLC 1400 SOUTHERN BLVD.	■ Add
		WEST PALM BEACH, FL	Remove
		33406	
			Change
			Add
			Remove
			Change

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effective date is list	her than the date of the date of the date must be spe	cific and cannot be	prior to date of filing	g or more than 90 day	s after filing.) Pur:	suant to 605.020
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ument's effective	date on the Departm	ient of State's reci	oras.			
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ne soul day a	itel the record is	med.				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00