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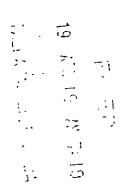
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APR 2 7 2019 S. YOUNG



COVER LETTER

TO:	Registration Section Division of Corporations					
eno iez		ML240, LLC, a Florida limited liability company				
SUBJEC	<u>-</u>	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Bryan I. Levy, Esq.				
		Balleste & Levy, P.A.	Name of Person			
		Firm/Company 11430 N Kendall DR, Suite 111 Address Miami, Florida 33176 City/State and Zip Code bryan@bl-lawgroup.com				
			to be used for future annual report	notification)		
For furth	ner information o	concerning this matter, please co	all:			
Bryan I.	. Levy, Esq.		305 275-065	2		
	Name o	of Person	Area Code Day	time Telephone Number		
Enclosed	I 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 (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Regist	ANG ADDRESS: ration Section on of Corporations	STREET/COU Registration Se Division of Co			

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ML240, LLC, a Florida limited liab	. , ,		
(<u>Name of the Limited</u> (7)	Liability Compa V Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia Florida document number L19000061739	bility Company	were filed on <u>03/04/201</u>	9 and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	pility company here:	
ML204, LLC, a Florida limited liability company			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	ility Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME	<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME	
			<u> </u>
B. If amending the registered agent and/o	r registered o	office address on our r	3*
registered agent and/or the new registered offi			
Name of New Registered Agent:	SAME		
New Registered Office Address:	SAME		
		Enter Florida stree	t 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 = Ma $AMBR = Aa$	MGR = Manager MBR = Authorized Member				
<u>Title</u>	Name	<u>Address</u>	Type of Action		
			Remove		
			□ Change		
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Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Department.	ck does not meet the applicat	o date of filing or more than ole statutory filing requir	(optional) 90 days after filing.) Pursuant to rements, this date will not be	605.0207 (3) listed as the
the record specifies a delayed) The 90th day after the reco		an effective time, a	it 12:01 a.m. on the ea	irlier of:
Dated MARCH 20,	2019			
	1/1/			
- Cin	Signature of a member or authori	ized representative of a me	mber	-
MICHAEL E. SANTANA	Δ			
- ONITAIN	Typed or printed	name of signer		-

Page 3 of 3

Filing Fee: \$25.00