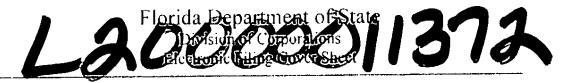
1/17/2020

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			_	<u>-</u>				_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ARMANI 501 LLC

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Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARMANI 501 LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number L20000011372	mpany were filed on IANUARY 16, 2020 and assigned 2020 and assigned 2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
SUNNY ISLES 501 LLC	<u>′∂</u> : >
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	——————————————————————————————————————
(Principal office address MUST BE A STREET ADDRE	(223
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:	ered office address on our records, enter the name of the new ess here:
Manie Of New Registeres - 18018	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:
provisions of all statutes relative to the proper and co	and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and sent as provided for in Chapter 605, F.S. Or, if this document is d office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Change
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JANUARY 17		2020				
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	Signature of a	i member og duth	onzed representati	ve of a member		
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Page 3 of 3

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