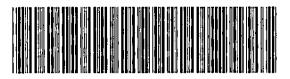
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Registration Section

TO:

Division of Con	rporations		•	
	7TH STREET LLC	•	·	
SUBJECT:	Name of Lin	ited Liability Company		
	Amendment and fee(s) are sub	_		
Please return all correspo	ondence concerning this matter	to the following:		
	Steven M. Lee			
		Name of Person		
	Steven M. Lee, P.A.			
		Firm/Company		
	1000 Brickell Avenue, Su	ite 705		
		Address		
	Miami, FL 33131			
	ldaniel.marocco@gmail.co	City/State and Zip Code		
		om to be used for future annual report notif	ication)	
For further information c	concerning this matter, please c	all:		
Steven M. Lee		305 856-7855		
Name o	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed 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)	S60.00 Filing Fee. Certificate of Status & Certified Copy	()
		(auditional copy is enciosed)	(additional copy is enclosed)	:]
			2	Ī
Mailing Address Project ration		Street Address:	≥ tion □	J
Registration : Division of C		Registration Sec Division of Corp		
P.O. Box 632		The Centre of Ta		
Tallahassee,			Street, Suite 810	
		Tallahassee, FL	32303	

ARTICLE'S OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1270 NE 87TH STREET LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/21/2020}{1}$ and assigned Florida document number L20000296077 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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 tocomply 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 Hability company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
AMBR	DANIEL MAROCCO	760 NW 107 AVE., UNIT 300, MIAMI, FL 33172	□Adđ
			= Remove
			□Change
MGR	JMM Capital Management LLC, a	760 NW 107 AVE., UNIT 300, MIAMI, FL 33172	■Add
	Florida limited liability company		□Remove
			□Change
			□Add
			□Remove
			□Change
			□Vqq
			□Remove
		<u></u>	□Chunge
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			□Chopas

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STEVEN M. LEE	is filed.	<u>2021</u> 2mm M/		APR 22