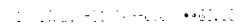
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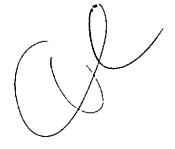
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ACCESS,	
INC	236 East 6th Avenue. Tallahassee, Florida 32303
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## WALK IN

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1.	1409 HILL ST LLC (CORPORATE NAME AND DOCK)	MENT#)	Ć,
2.	(CORPORATE NAME AND DOCU	MENT #)	~2
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6.	(CORPORATE NAME AND DOCU	MEN'Γ#)	
SPECIA	L INSTRUCTIONS:		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1409 HILL ST LLC		
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appears on our records.) Hity Company)	
The Articles of Organization for this Limited Liability Company we lorida document number <u>L22000236221</u>	re filed on	and assigned
his amendment is submitted to amend the following:		202
. If amending name, <u>enter the new name of the limited liability</u>	y company here:	· · · · · · · · · · · · · · · · · · ·
he new name must be distinguishable and contain the words "Limited Liability Contains the words "Liability Contains the words "Lia	Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)		<del></del>
nter new mailing address, if applicable:		
. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, <u>enter the na</u>	me of the new regi
Name of New Registered Agent:	<del>-</del> .	
New Registered Office Address:	r . r . r	
	Enter Florida street address	
	, Florida	

## 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.

Cuy

Zip Code

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>	<u>Name</u>	Address	Type of Action
AMBR	MILLER, JOSEPH	I NORTH JOHNSTON AVENUE	<b>≣</b> Add
		HAMILTON, NJ 08609	□Remove
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n effective date is listed, the date muster. If the date inserted in this bl	st be specific and cannot be prior to date of filing or ock does not meet the applicable statutory fil	more than 90 days after filing.) Pursuant to 605.02 ling requirements, this date will not be listed
cument's effective date on the D	epartment of State's records.	
	and the second control of the second	the westing of the The Ofth day after the
is filed.	e date, but not an effective time, at 12:01 a.m	1. On the eather of. (b) The 90th day after the
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