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COVER LETTER

Division of Cor				
SUBJECT: Lincoln Pa	rk Delray, L.C.			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Michael Janoura			
		Name of Person		
	Lincoln Park Delray, L.C.			
		Firm/Company		
	2924 Davie Road, Suite 20)2		
		Address		
•	Davie, FL 33314			
		City/State and Zip Code		ESS 6
	management@janourarealty E-mail address:	y.com to be used for future annual report notific	ation)	CRETT CRETT
For further information of	concerning this matter, please c	·		EP -6
Michael Janoura		954 721-9190 at ()		
Name o	of Person		relephone Number	2: 29 TATE GRIDA
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)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &
MAIL	ING ADDRESS:	STREET/COURIE	R ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Lincoln Park Delray, L.C.		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	ility Company were filed on November 29, 1999	and assigne
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	ne limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BO		
		<u>≯</u> EC
3. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, <u>ente</u> <u>e address here</u> :	rithe name of
		SHO 6
Name of New Registered Agent:		
New Registered Office Address:		2: 29 ORIDA
•	Enter Florida street address	وي حد
	, Florida	
	City	Zin 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Janoura	2924 Davie Road, Suite 202	□ Add
		Davie, FL 33314	Remove
			■ Change
D	Anna Janoura	2924 Davie Road, Suite 202	□ Add
		Davie, FL 33314	■ Remove
			Change
D	Christina Janoura	2924 Davie Road, Suite 202	
		Davie, FL 33314	■ Remove
			☐ Change
			☐ Remove
			New Carriage
			FILE FILE FILE FILE FILE FILE FILE FILE
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		August	30, 2016					
ective date, if other than the	date of files the specific s	ing: and cannot be	prior to date	of filing or m	ore than 90 d	(optiona ays after filir	l) ng.) Pursuant	to 605.02
te: If the date inserted in this becament's effective date on the D				tutory filin	g requireme	nts, this da	te will not b	e listed
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record specifies a delayed the 90th day after the rec			not an e	effective t	ime, at 1	2:01 a.m	on the e	earlier
ted August 30		2016						
				presentative				

Page 3 of 3

Filing Fee: \$25.00