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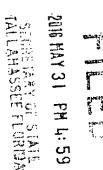
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| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: RETA | Name of Lim | SERVICES LLC ited Liability Company | <u>. </u> |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | RICHARD 1 | FLORSHE/M Name of Person | |
| | ······································ | Firm/Company | 4.4. · · · · · · · · · · · · · · · · · · |
| | 2667 N. OCE | | |
| | BOCA RATOR | City/State and Zip Code Color Com To Color Com To be used for future annual report notif | |
| | E-mail address: | to be used for future annual report notif | ication) |
| For further information c | oncerning this matter, please ca | | |
| RICHARD FL Name o | でRS以底/ハフ Person | at (<u>501</u>) <u>900</u> (Area Code Daytime | 638Z Telephone Number |
| Enclosed is a check for the | ne 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) |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The state of the s The Articles of Organization for this Limited Liability Company were filed on JUNE 29 2015 and assigned Florida document number L15000/11982. 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 "L.L.C." 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: BOCA RATEN, Florida 33431

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.

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 = Manager

| AMBR = Aut | horized Member | | |
|--------------|--------------------|---------------------------------------|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| M68 | NEENA B. FLORSHEIM | 2667 N. OCEAN BLUD #701 | , □ Add |
| | | BOCA RATON FL 33431 | |
| | | | Change |
| MGR | RICHARD FLORSHEIM | 2667 N. OCEAN BLUD #40/ | X Add |
| | | BOCA RATION FL 33431 | □ Remove |
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| n effe o <u>te:</u> I cume | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days af the date inserted in this block does not meet the applicable statutory filing requirements, that's effective date on the Department of State's records. | his date will not be listed a |
| reco | ord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed. | La.m. on the earlier |
| ted_ | Signature of a member or authorized representative of a member RICHARD FLORSHEIM Typed or printed name of signee | 2016 HAY 3 I |
| | | C. Sandara Sandara |
| | Typed or printed name of signee | PH 4: |

Filing Fee: \$25.00