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	то:	Division of Corporations Fax Number : (850)617-6383	AUG 10	1
ւ ։ 55	From:	Account Name : THERREL BAISDEN, P.A. Account Number : I20140000065 Phone : (305)371-5758 Fax Number : (305)371-3178	61.6 87	Ċ
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MET 4002, LLC**

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rs.	O.F	
Met 4002, (Name of the Limited Liability Con		ar records.)
(Name of the Limited Liability Cor (A Florida Limit	ted Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L15000128856</u>	any were filed on JUL	129,2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	LC	TO THE STATE OF TH
the new mane mass of assurgardinate and contain the world. Chillien Ch	naturely Company, the designation	tion LLC of the approviation C.L.C.
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS))	
		577 9
		意品 页
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
(Matting data ess MA) BEATOST OTTICE DON		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the new registered of the address because the second of the new registered of the second of the new registered of the second of the se		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
THE PARTY OF THE P	Enter Florida str	set address
		Yes t h
	City	, Florida Ziv 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

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MGR - Manager AMBR = Authorized Member THERREL

PAGE 03/04

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

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		Signature of	a member or author	zed representative of a member		<u>≅</u> □ □

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