Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAMONT NEIMAN & INTERIAN, P

Account Number : I20000000051

Phone

: (305)530-9400

Fax Number

: (305)530-9409

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Corporate Filing Menu

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09/07/2016 09:09

305-530-9409

LAMONT NEIMAN

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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METRISE	•	Trde)
(Name of the Limited Liabil (A Florid	ify Company as it now appears on our reco	ords.)
The Articles of Organization for this Limited Liability (Florida document number L16000077874	Company were filed on 4/21/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nired Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	ress
•		Florida
	City	Zip 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

09/07/2016 09:09 305-530-9409

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>	Address	Type of Action
MGR	KEVIN MCCORMICK	452! PGA Boulevard,	
		#24[■ Remove
		Palin Beach Gardens, FL 33418	T Change
MGR	MIKE SEWARD	4521 PGA Boulevard,	
		#241	
		Palm Beach Gardens, FL 33418	■ Remove
MGR	GRANT WASIK	4521 PGA Boulevard,	□ Change
		#241	
		Palm Beach Gardens, FL 33418	□ Remove
MGR	RICHARD COHEN	4521 PGA Boulevard,	8 4 11
		#241	□ Remove
		Palm Beach Gardens, FL 33418	☐ Change
			□ Add
			SEE FLORD

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