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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 936124 8156612 AUTHORIZATION COST LIMIT ORDER DATE: November 30, 2017 ORDER TIME : 9:37 AM ORDER NO. : 936124-005 CUSTOMER NO: 8156612 DOMESTIC AMENDMENT FILING NAME: GETZEND, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ___ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GETZEND, LLC				
(Name of the Limited Liability Compa (A Florida Limited !	ny as it now appears on our records.)	2 1		
(A Donda Emined :	Saiding Company)	至		
The Articles of Organization for this Limited Liability Company	were filed on 11/06/2017	and assigned		
	were fred on	and assigned		
lorida document number L17000228498				
his amendment is submitted to amend the following:		· 'yæ-		
. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."		
inter new principal offices address, if applicable:	350 LINCOLN RD,	SHITE 4015		
Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL 33139			
		-		
	250 LINCOLN DOAD, SUITE 4046			
nter new mailing address, if applicable:	350 LINCOLN ROAD, SUITE 4015			
Mailing address MAY BE A POST OFFICE BOX)	MIAM!, FL, 33139	····		
. If amending the registered agent and/or registered of		er the name of the		
egistered agent and/or the new registered office address here	<u>e</u> :			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enter 1 100 tag 30 cet will ess			
	Florida			
	,	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

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	ZAHRA KARSAN	350 LINCOLN ROAD Suite 4015	
		MIAMI, FL 33139	□ Remove
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Typed or printed name of signee

Filing Fee: \$25.00