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Division of Corporations

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Ċ

Account Name : STEPHEN S. MATHISON, P.A.

Account Number : 120040000071 : (561)624-2001 Phone Fax Number : (561)624-0036

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit		as it now appears on o	ar records.)
The Articles of Organization for this Limited L Florida document number L18000156928	iability Company w	vere filed on 6/27/201	8 and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabil	ity company here:	
The new name must be distinguishable and contain the v	vords "Limited Liability	y Company," the designa	ation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applic	able:		
(Principul office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		ARY OF STATE
B. If amending the registered agent and registered agent and/or the new registered of	or registered off Mice address here	ice address on our	records, enter the name of the new
Name of New Registered Agent:	MATHISON W	HITTLES, LLP	
New Registered Office Address:	5606 PGA BLV		
	Emer Florida sireet address		oreet address
	PALM BEACH	GARDENS	, Florida 33418
		City	Zφ Cod*
New Registered Agent's Signature, if changing	Registered Apent:		
I hereby accept the appointment as register	ed agent and agre	e to act in this cape	ncity. I further agree to comply with the

Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply what 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 a pereby confinen that the limited liability company has been notified in writing of this change.

If Changing Registered Agent Signature of New Registered Azent

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MGR = Manager

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

AMBR = Authorized Member Title Title Name Address Type of Action ONDREJ DAVID MGR Karfikova 1012, Prague 4 **⊞** Add 149 00, Czech Republic \_ Remove \_□ Change MAREK KLAUS MGR Na Kvintusce 903, Prague 6 160 00, Czech Republic \_□ Remove \_ Change \_D Add Remove \_D Change 🗆 🗅 🗘 □ Remove ☐ Change \_□ Add □ Remove

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D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
SEC 85	77
SECRETARY A	
SET OF THE PERSON OF THE PERSO	FF 9: 56
	56
6/27/2018	
E. Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(6)  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.	1
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  (b) The 90th day after the record is filed.	
Dated SEPTEMBER 20 2018	
Signature of a member of mathorized representative of a member	
ONDREJ DAVID, MANAGER	
Typed or printed name of signee	

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