112000113184

| (Requestor's Name) | _ |
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| (Address) | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | _ |
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COVER LETTER

| Div | ision of Corp | orations | | |
|----------------|-----------------|---|---|---|
| SUBJECT: | MALI FLOI | RIDE LLC | | |
| | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | l Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspor | dence concerning this matter | to the following: | |
| | | Jeffrey C. Weinstein, Esq. | | |
| | | | Name of Person | |
| | | Mittenthal Weinstein LLP | | |
| | | | Firm/Company | |
| | | 3100 S Federal Highway, | Suite B | |
| | | | Address | |
| | | Delray Beach, FL 33483 | | |
| | | | City/State and Zip Code | |
| | | weinstein@mw-attorneys.co | | |
| | | E-mail address: (| to be used for future annual report notific | cation) |
| For further in | nformation co | ncerning this matter, please ca | all: | |
| Jeffrey C. W | | | at () 561 862 0955 Area Code Daytime | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| ■ \$25.00 F | iling 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:

TO:

Registration Section

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 OF

| MALI FLORIDE LLC | | | |
|---|--------------------------------------|--|-------------------------------------|
| (Name of the Limited | Liability Compa Florida Limited I | ny as it now appears on our re liability Company) | cords.) |
| The Articles of Organization for this Limited Liab | ility Company | were filed on September 4. | 2012 and assigned |
| Florida document number L12000113184 | _ , . | | |
| This amendment is submitted to amend the follow . | ing: | | |
| A. If amending name, enter the new name of th | <u>ie limited liab</u> | ility company here: | |
| | | | |
| he new name must be distinguishable and contain the word | ls "Limited Liabil | ity Company," the designation " | T.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | 160 W. Camino Real | |
| Principal office address MUST BE A STREET. | ADDRESS) | Suite 286 | |
| | | Boca Raton, FL 33432 | |
| | | 160 W. Camino Real | B ES TI |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | Suite 286 | |
| | | Boca Raton, FL 33432 | |
| | | | |
| 3. If amending the registered agent and/or | registered of | Tice address on our rec | |
| egistered agent and/or the new registered offic | e address her | <u>e</u> : | ¥** |
| Name of New Registered Agent: | Jeffrey C. Wein | istein | |
| New Registered Office Address: | 3100 S Federal | Highway, Suite B | |
| | | Enter Florida street ac | ldress |
| | Delray Beach | | . Florida <u>33483</u> |
| • | | 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

Page 1 of 3

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 | ANDRE FARGET | 626 Rue Hector Berlioz | |
| | | Beauregard 01480 FR | Add |
| | | | ■ Remove |
| | | | □ Change |
| MGR | ANDRE FARGET | 626 Rue Hector Berlioz | - |
| | | Beauregard 01480 FR | ■ Add |
| | | | Remove |
| | | | Change |
| MGR | Sparing Partners 2 Inc. | 33 S. Federal Highway | |
| | | Suite 100 | |
| | | | Remove |
| | | Boca Raton, FL 33432 | Change |
| | | | - |
| | | | |
| | | | Remove |
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| • | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| lf an efl <u>Note:</u> | ive date, if other than the date of filing: |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated | FEB 22 . 2019 |
| | Signature of a member or authorized representative of a member |
| | ANDRE FARGET |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00