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OCT 22 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 018666 7 8288223

AUTHORIZATION: Spelle le la commence de la commence

COST LIMIT : \$ 25.00

ORDER DATE: October 21, 2019

ORDER TIME : 3:01 PM

ORDER NO. : 018666-005

CUSTOMER NO: 8288223

DOMESTIC AMENDMENT FILING

NAME: THIRD ROOM LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kadesha Roberson -- EXT# 62980

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Third Rown U	<u></u>		
(Name of the Limited Liability (A Florida Lii	ombany as it now appears on on miled Liability Company)	Leconds)	
The Articles of Organization for this Limited Liability Com	pany were filed on 5/9/	7.119 and assi	gned
Florida document number <u>L19000125747</u>	, ,		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	i liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation	on "LLC" or the abbreviation "L.L	"C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	<u> </u>		2
	 	· · · · · · · · · · · · · · · · · · ·	<u></u>
Enter new mailing address, if applicable:			2.7
Mailing address MAY BE A POST OFFICE BOX		j	
		•	87
B. If amending the registered agent and/or register registered agent and/or the new registered office address Name of New Registered Agent:		ecords, <u>enter the name o</u>	f the ng
New Registered Office Address:			
	Enter Florida stree	t address	
		, Florida	
	Clty	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 Type of Action Address Title 4055 Cedan Ford Blud Hastings IX 82145 **X**Change D Add ☐ Remove ☐ Change □ Add □ Remove N ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove

☐ Change

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Page 3 of 3

Filing Fee: \$25.00