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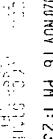
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
Aci Mo	den LLC
SUBJECT: Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	matter to the following:
R	meet Merkin
A	Merkin LLC Firm/Company
38	590 N 40th Ave
11 1	Address  A Ci
<u> </u>	City/State and Zip Code
- Collection of the Collection	tronerkin a mail. com dress: (to be used for future animal repart Jotification)
For further information concerning this matter, p	lease call:
Roneet Markin	at (201) 306 3315 Area Code Daytime Telephone Number
Name of Ferson	Area Code Dayonic Telephone Adminer
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee Certificate of Sta	<u> </u>
already awad	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ari Merkin	LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears o Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L13000118149</u>	were filed on	21   2013 a	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  Ari and Frie	inds LU	C	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the desig	gnation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:			) 2020
(Principal office address MUST BE A STREET ADDRESS)		·	<del>5</del> 77
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		10 00 00 00 00 00 00 00 00 00 00 00 00 0	16 PH 1: 24
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our reco	ords, <u>enter the name of t</u> l	he new register
New Registered Office Address:			
	Enter Florida	i street address	
		Florida	<del></del>
	City	Ζiφ	Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	ee to act in this cap performance of m	pacity. I further agree to y duties, and I am famili	comply with thar 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>	Name	Address	Type of Action
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			DAdd
			□Remove
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record specifies a delayed effec	ive date, but no	an effective	: time, at 12:0	La.m. on the ea	rlier of: (b)	The 90th	day after	r the
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Filing Fee: \$25.00