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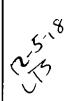
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

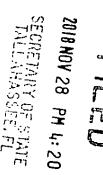
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 NOV 28 PM 4: 20

Pame of the Limited Lial (A Flo	SECRETARY OF STATE STATE OF ST
The Articles of Organization for this Limited Liability Florida document number <u>LODOCOOA</u>	y Company were filed on and assigned
This amendment is submitted to amend the following	;
A. If amending name, enter the new name of the l	imited liability company here:
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	
Name of New Registered Agent: New Registered Office Address:	Roni Schayik 1983 PGA Blud Svite 105A Enter Florida street address Voi 42 Palm Bekel Florida 33408 Zip Code
New Registered Agent's Signature, if changing Regis	
I haveby accent the appointment as registered as	ent and garee to act in this capacity. I further agree to comply with the

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:

MCR - Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			Remove
			Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			□ Change
			Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Effective date, if other than the date of filing: [Optional] If an effective date is itsed, 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) 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. The 90th day after the record is filed.	•	· · · · · · · · · · · · · · · · · · ·
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Page 3 of 3

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