Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited				
The Articles of Organization for this Limited Liability Company	were filed on6/1/2004	and as	signed	
Florida document number <u>L04000041360</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	"LLC" or the	abbrevia	 tion
Enter new principal offices address, if applicable:	2665 SOUTH BAYSHORE D	RIVE		
(Principal office address MUST BE A STREET ADDRESS)	SUITE 703		<u> </u>	
	MIAMI, FLORIDA 33133	AR	8	-
		ASS	~	
Enter new mailing address, if applicable:	2665 SOUTH BAYSHORE D	RIVE	C)	
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 703)	_ 📅
	MIAMI, FLORIDA 33133	40,	ထ္ထ	Allerant
B. If amending the registered agent and/or registered of		30.		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>enter</u> <u>re</u> :	the name	of the r	LCW
Name of New Registered Agent:		·-···		Namath.
	·	~~		
New Registered Office Address:		ddress		
New Registered Office Address:	Enter Florida street a			

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 608, 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

MCR = Ma MCRM = N	nager Janaging Member		
Title	Name	Address	Type of Action,
MGR	TIMOTHY D. RICHARDS	2665 SOUTH BAYSHORE DRIVE SUITE 703 MIAMI, ELORIDA 33133	☑ Add ☐ Remove
			Add Remove
	<u>Language de distripción Montains y tripco de des</u>	<u> </u>	Add Remove
	- Andrew Control of the Control of t		Add Remove
<u> </u>			Remove
<u> </u>			
D. Hansen	ling any other information, enter change	(s) here: [Attach additional shows, if necess	sary.)
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			ZOLI NOV 15 AM 8 SECRETARY OF SI
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