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(Requestor's Name)					
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COVER LETTER

TO:	Registration S Division of Co					
SUBJECT:			affy's, LLC			
		Name of Limi	ted Liability Company	•		
The en	closed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please	return all corresp	oondence concerning this matter	to the following:			
		S	cott R. Jablonski, Esq.			
			Name of Person			
	SRJPL La		SRJPL Law			
6303 B			Firm/Company			
		6303 B	6303 Blue Lagoon Drive, Suite 400		20	
			Address			-
			Miami, FL 33126		AUG -8	
			City/State and Zip Code			
		E-mail address: (scott@srjpllaw.com to be used for future annual report notifical	tion)	25 32	
For fur	ther information	concerning this matter, please of	-	,	I; 02	O
	Sco	ott R. Jablonski	at (305) 78	31-2366		
	Name of Person Area Code & Daytime Telephor			elephone Number		
Enclos	ed is a check for	the following amount:				
₽ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &	

MAILING ADDRESS:

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

(Name of the Limited Liability Compa (A Florida Limited I				
The Articles of Organization for this Limited Liability Company Florida document numberL06000081251	were filed on08/16/2006	and assigned		
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 abbreviation		
Enter new principal offices address, if applicable:	1375 SW 12th Avenue	7011 AL		
(Principal office address MUST BE A STREET ADDRESS)	Pompano Beach, FL 33069			
Enter new mailing address, if applicable:	1375 SW 12th Avenue	AFY OF S		
(Mailing address MAY BE A POST OFFICE BOX)	Pompano Beach, FL 33069) 		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:				
	, Florida			
•	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 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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 4 2011 Dated ____ Signature of a member of authorized representative of a member Krystel Borg
Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00