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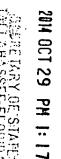
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COVER LETTER

ij.

TO: Registration Se Division of Cor				
LORMAI	R ACQUISITIONS, LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	YELENA SVERDLO	VA		
		Name of Person		
	LAW OFFICE OF H	OWARD L. SCHWARTZ, PA		
		Firm/Company		
	7781 NW BEACON	SQ BLVD, SUITE 102		
		Address		
	BOCA RATON, FLC	ORIDA 33487		
		City/State and Zip Code		
	_	DSCHWARTZPA.COM to be used for future annual report notifice	ation)	
Don Comboning Comments		·	ation <i>)</i>	
	oncerning this matter, please ca	411:	الاستراد الاستراد	201
YELENA SVERDL	.OVA	561 997-0000		2014 OCT
	f Person	Area Code Daytime T	elephone Number	ILE
Enclosed is a check for the	_			У <u></u>
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 500 State Certificate of State Certified Copy (additional copy is enc	is &

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

LORMAR AQUISITIONS, LI								
(Name of the Limite	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)							
The Articles of Organization for this Limited Lia Florida document number L06000098154	ability Company were filed on 10/06/2006	and assign	ned					
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LORMAR ACQUISITIONS, LLC								
					The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L	.C."
					Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET								
			 					
Enter new mailing address, if applicable:								
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	- A 2						
			ily die					
	or registered office address on our records, ente	r the?name a	the ne					
registered agent and/or the new registered off	ice address here:							
		E S	() Harrison					
Name of New Registered Agent:		ORA -	المنظمة المنظمة					
New Paristand Office Address								
New Registered Office Address:	Enter Florida street address	·						
	, Florida							
	, riorida _	7in 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add ☐ Remove □ Add _□ Remove □ Add ☐ Remove _□ Remove _□ Add _□ Remove

D.	lf am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•		
E. I	(The eff	tive date, if other than the date of filing:
	Dated	OCTOBER 28 2014
		. Structure of a member or authorized representative of a member
		YELENA SVERDLOVA, ESQ.
		Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

