División of Corporations	TUDDOU Florida Departm Division of Con Electronic Filing	porations	Page 1 of 1
	se print this page and use it a hown below) on the top and bo		
	(((H 11000031	830 3)))	SECTOR ST.
	H110000316303		LORIDA 55
Note: DO N	IOT hit the REFRESH/RELOA page. Doing so will generat		om this
To: From:	Division of Corporation Fax Number : (850)6 Account Name : FILING Account Number : 072720 Phone : (650)3 Fax Number : (954)6	17-6383 S, INC. 000101 85-6735	· .
annual rep	il address for this busi bort mailings. Enter only		
Email Addr	485:		
RECEIVED 11 FEB -7 AN 9: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA	MND/RESTATE/CORR JACKSON SQU Certificate of Status Certified Copy Page Count Estimated Charge		

Electronic Filing Menu

Corporate Filing Menu

Help J. BRYAN



4// 00003/830	1997 - 1 <u>1</u>			For I T
ARTICLES OF	AMEND	MENT	•	I'm I
	ro			語」
ARTICLES OF		LATION		SSRY H
	JF .			ren 1
Jackson S		<u>^</u>		101 5
Jackson J (<u>Name of the Limited Liubility Comr</u> (A Florida Limited	AND A SIL NOW	9006878.00 (ur records.)	Alber
(A Florida Limited	Liability Com	pany)		₽
The Articles of Organization for this Limited Liability Compar	y were tiled o	m2	/16/2007	and assigned
Florida document numberL07000019135				
This amondment is submitted to amond the following:				
- , ,				
A. If amending name, enter the new name of the limited the	while comparing	<u>nv. here</u> :		
The new name must be diszinguishable and end with the words "Lin" "L.L.C."	mited Liability	Company," t	he designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:				······································
	•			
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	• · · · · · ·			· · · · · · · · ·
<u>(Principal office address MUST BE A STREET ADDRESS)</u>	. • • • • •	. 		·····
	, « 14 # **. j		&	· · · · · · · · · · · · · · · · · · ·
Kater new malling address, if applicable:				·····
	· · · · · · · · · · · · · · · · · · ·			·····
Kater new malling address, if applicable:		·		······
Knter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				(he same of the rest
Kater new malling address, if applicable:		s on our r	cords, <u>cuter</u>	the same of the new
Enter new multing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered		s on our re	cords, <u>culer</u>	the same of the new
Enter new multing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered		S OR OUR T	ecords, <u>enter</u>	<u>the parge of the new</u>
Enter new multing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Nome of New Registered Agent:		s on our re		the new
Enter new multing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u> B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		· · · · · · · · · · · · · · · · · · ·	ccords, <u>enter</u> orida street ac	
Enter new multing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Nome of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	orida street ad	
Enter new multing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Nome of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·		

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 Revistered Agent

Page 1 of 2

H11000031830

H11000031830

ă.

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

. . . .

•

<u>itle</u>	Name	Address	Type of Action
\$	Mark Pordes	18851.NE 29th Ave. Suite 1011 Aventure, FL 33180	ABUT IS
elge am 🖕 🗥 La			Aud Remove
	· · · · · · · · · · · · · · · · · · ·		□ Add [_] Remme
•• •			Add
			Add Remove
			Adu
lf ≇mend	ing any other information, enter char	age(9) here: (Attach additional shoets, if necessary.)	
If amend 	ing any other information, enter that	age(s) here: (Attach additional shosts, if necessary.)	
Lf amend 	ing any other information, enter char	nge(y) here: (Attach additional sheets, if necessary).)	
	ing any other information, enter char	nge(y) here: (Attach additional shoots, if necessary).)	
. 11 * men d	February 4		