20001/0004

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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H14000261532 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ADAMONIŞ	ASSOCIATES, LLC		
(Name of the Limited Linbility Co (A Florida Lim	mpany as it new appears on ited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Comp		11.06.2007	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and end with the words "Limited	Liability Company," the design	nation "LLC" or the abbr	eviution "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Part of the second seco	23
		: : : : : : : : : : : : : : : : : : :	-i 💭
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, enter this	
Name of New Registered Agent:			
New Registered Office Address:			
•	Enter Florida si	reet address	
		, Fiorida	
	Cliv		Zip Code
New Registered Agent's Signature, if changing Registered Ag			
I hereby accept the appointment as registered agent and	agree to act in this capa	city. 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

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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 = M $AMBR = A$	anager uthorized Mcmber		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	GRETA ADAMONIS	7443 AVENIDA DEL MAR #2405	
		BOCA RATON FL 33433	■ Remove
MGR	GINTARE ADAMONYTE	10705 S ROBERTS DR #3	= ∧dd
		PALOS HILLS IL 60465	□ Remove
			☐ Add
			DAdd
		TALLAHASSEE, FIORISA	DAdd Remove
		,	Add Remove

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). If amendin	g any other information, ente	r change(s) here: (Attuc	h additionul sheets, if necessary.)	
				
				·
(The effective	ate, if other than the date of fi date must be specific, cannot be prior t document is filed by the Florida Depar	a date of receiption filed date an	(optional) nd cannot be more than 90 days utler	-
Dated	November 3rd		2	
	_	F	if	
•	Signature c	of a member or asthoryed repr	escylative of a member	
		GINTARAS ADAM	nónis	
-		Typed or printed name of	(signee	

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SECRETARY OF STATE