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16 AUG 29 PH IZ: 20
SECRETARY OF STATE
TALL MINASSEE IT TALE

David J. Winters 302-218-7604 117 E. Conolly Ct. Hampstead, NC 28443

FILED

16 NUG 29 PH 12: 29

SECRETARY OF STATE

TAILLAHASSEF FRAME

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

MYORLEANS	S, LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our r d Liability Company)	records.)
The Articles of Organization for this Limited Liability Compar Florida document number LOSOOOOOOS.	ny were filed on <u>JUNU</u>	18, 2008 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered	office address on our re	SECRETARY OF THE Name of the new
registered agent and/or the new registered office address he	ere:	-LCRIE
Name of New Registered Agent:		× 6
New Registered Office Address:	Enter Florida street e	address
•	APPROVE A PAR SHARE MEET WHEE E	
·····	City	_, Florida Zip Code
New Registered Agent's Signature if changing Registered Agen	it:	

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
VP.	David R. Martin	1175 Newport Mews Dr. Bensalem, PA 19020	Add
		Bensalen, PA 19020	≱ Remove
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If amending any other information, enter change(s) here: (Attach additional sheets, i	
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	7 29 ARE 19
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requiremen document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12. The 90th day after the record is filed.	:01 a.m. on the earlier of
Dated 8.23.16	
Signature of a member or authorized representative of a member	······································
DAVID J. WINTERS Typed or printed name of signee	

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Filing Fee: \$25.00