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COVER LETTER

| Div | rision of Cor | porations | | |
|----------------|-----------------|--|--|--|
| SUBJECT: | | GLOBAL LLC | | |
| SOME CI. | | Name of Lim | ited Liability Company | |
| | | | | |
| The enclosed | d Articles of . | Amendment and fee(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | Sheryl M. Van DeSande | | |
| | | Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Sheryl M. Van DeSande Name of Person Firm/Company H105-153 et. n. Address Jupiter, Florida 33478 City/State and Zip Code tonyj@bellsouth.net E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Sande at (| | |
| | | | Firm/Company | |
| | | H105-153 et. n. | | |
| | | | Address | |
| | | Jupiter, Florida 33478 | | |
| | | | Name of Limited Liability Company and fee(s) are submitted for filing. Eming this matter to the following: I. Van DeSande Name of Person Firm/Company 33 et. n. Address City/State and Zip Code Ilsouth.net E-mail address: (to be used for future annual report notification) s matter, please call: at (| |
| | | ALART GLOBAL LLC Name of Limited Liability Company ticles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following: Sheryl M. Van DeSande Name of Person Firm/Company 11105-153 et. n. Address Jupiter, Florida 33478 City/State and Zip Code tonyj@bellsouth.net E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Sande Name of Person at (561) Name of Person 248-8693 Daytime Telephone Number eck for the following amount: g Fee | | |
| e e | e : | | • | ation) |
| For further ii | ntormation co | oncerning this matter, please ca | all: | |
| Tony J Van | DeSande | | | |
| | Name of | f Person | Area Code Daytime T | Celephone Number |
| Enclosed is a | a check for th | ne following amount: | | |
| □ \$25.00 F | Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |

MAILING ADDRESS:

TO:

Registration Section

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**

| MALART GLOBAL LLC | | |
|---|--|--|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our records.) rida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability | y Company were filed on November 13, 2008 | and assigned |
| Florida document number 1.08000106142 | · | |
| his amendment is submitted to amend the following | : | |
| A. If amending name, enter the new name of the l | imited liability company here: | |
| MatronicArt LLC | | |
| The new name must be distinguishable and contain the words "I | Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET AD | DRESS) | - "- |
| | | |
| | | ··· |
| Enter new mailing address, if applicable: | | |
| | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or re | | er thic name of the ne |
| registered agent and/or the new registered office a | ddress nere; | |
| | | AHAAS AHAAS |
| Name of New Registered Agent: | | STATE OF THE PERSON OF THE PER |
| New Registered Office Address: | | |
| | Enter Florida street address | S |
| | . Florida | DA T |
| _ | 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 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</u> or removed from our records:

| MGR = M $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|-------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
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| ective date, if other than the date of filing: | optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0 | 0207 |
| te: If the date inserted in this block does not meet the applicament's effective date on the Department of State's records | cable statutory filing requirements, this date will not be listed | d as |
| , | | |
| record specifies a delayed effective date, but n | ot an effective time, at 12:01 a.m. on the earlie | гo |
| he 90th day after the record is filed. | | |
| ed May 2, 2018 | 3 | |
| . 4910 | horized representative of a member | |
| 1 / 1 / 1 | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00