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Enclosed is a check for the following amount:

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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Certificate of Status &

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy (additional copy is enclosed)

ARTICLES OF ORGANIZATION OF

	m LIBA				, LLC		
(Name of the Limited (A	Liability Company Florida Limited Lia	as it now as ability Compa	ppears iny)	on our rec	ords.)	_	
The Articles of Organization for this Limited Liab Florida document number L 08000 113 This amendment is submitted to amend the follow A. If amending name, enter the new name of the	3603.				2-08	and as	ssigned
The new name must be distinguishable and contain the word	ds "Limited Liability	y Company,"	the de	signation "I	LC" or the a	bbreviation "I	L.C."
Enter new principal offices address, if applicab	le:	48	<u> 105</u>	NW	50H 8	bireet	
(Principal office address MUST BE A STREET	ADDRESS)		<u>tmf</u>	trac,	FLORIC	585 AC	119
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi	Th	7n A	irac,		A 333	
Name of New Registered Agent:			,				
New Registered Office Address:	48			50♥\ da street adı	<u>Stree</u>	<u> </u>	
New Registered Agent's Signature, if changing Reg		City			Florida	333\ Zip Code	
I hereby accept the appointment as registered o		to act in t	this c	anacity l	fu r ther as	ree to com	nly with the
provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete pered agent as pr gistered office a ange.	erformanc ovided for	e of r in Ci	ny duties hapter 60	, and I am 05, F.S. Or	familiar wi , if this doc	ith and ument is
•	If Chang	ing Register	ed Age	ent, <u>Signatı</u>	ire of New R	egistered Age	<u>1</u>
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Page 1 of 3

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Nicole Wasserstein	2500 E. LAS DLAS BIVO #110	
		FORTLAUDERDALE FL 32301	Remove
			Change
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			☐ Change
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f an effecti Note: If t	date, if other than the date of filing: ve date is listed, the date must be specific and cannot be prior to date of fil the date inserted in this block does not meet the applicable statute				
iocument	's effective date on the Department of State's records.				
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	MAY Z, 2016.	1	2865 378		
	Signature of a member or authorized repres		20	6 Section	
	MICHAEL ALLE		를 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가 가	in	/
	MICHAEL AULE Typed or printed name of s	ignee	3: 39 STATE FLORIDA		
			39		

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