L09000009598

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2015 NOV -2 PN 3: 4: SECRETARY OF STATE

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^∴COVER LETTER

TO: Registration S Division of Co		
Successorie SUBJECT:	ies.com, LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspondent	condence concerning this matter to the following:	
	Stacy J. Robbins	
	Name of Person	
	Successories.com, LLC	
	Firm/Company	 -
	2915 S. Congress Ave., Ste BH	
	Address	—
	Delray Beach, FL 33445	
	City/State and Zip Code	
	stacy.robbins@successories.com	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Stacy J. Robbins	561 226-4412 at ()	
Name o	of Person at () Area Code Daytime Telephone Numb	er
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certific	Filing Fee, cate of Status & cd Copy al copy is enclosed

MAILING ADDRESS:

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

FILED 2015 NOV -2 PN 3 43 SECRETARY OF STATE TALLAHASSEE FLORIS

Successories.com, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	y were filed on $\frac{01/29/20}{1}$	09 and assigned		
Florida document number L09000009598	<u> </u>				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited lial	bility company here:			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designa	tion "L1.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)				
Enter new mailing address, if applicable:		2915 S. Congress Ave	s, Ste BH		
(Mailing address MAY BE A POST OFFICE BOX)		Delray Beach, FL 33445			
					
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the new		
Name of New Registered Agent:	Corporate Serv	vice Company			
New Registered Office Address:	1201 Hayes St				
		Enter Florida str	eet address		
	Tallahassee		, Florida ³²³⁰¹		
		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.

Stephanie L. Durham

Asst Vice President

hanging Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	TWS Partnership, LLC	2915 S. Congress Ave, Ste BH	□ Add
		Delray Beach, FL 33445	□ Remove
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		ective date hu	it not an ef	fective time,	at 12:01 a.n	n. on the ear	lier of:
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ocument's effective							

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Filing Fee: \$25.00