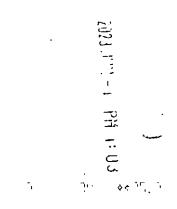
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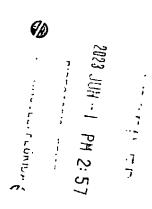
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
(Bu	isiness Entity Name)	<del></del>
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filin	ng Officer;	

Office Use Only



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## **CORPORATE**

When you need ACCESS to the world

ACCESS, \_\_\_\_

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INC.

236 East 6th Avenue, Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### WALK IN

PICK UP: MISTY 6/1 **CERTIFIED COPY** XX**PHOTOCOPY CUS** XX**FILING** LLC AMEND LANG FAMILY MANAGEMENT COMPANY LLC (CORPORATE NAME AND DOCUMENT #) SPECIAL **INSTRUCTIONS:** 

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( Table of the List	mited Limbility Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	•		
The Articles of Organization for this Limited	Liability Company	were filed on 12/18/2009	and assigned		
Florida document number L09000120703	<del></del> '				
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited liab	ility company bere:			
The name must be distinguishable and contain the	o mande of incited ( ink)	No. Comment with Asia and MI Comment			
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:		7700 N. Kendall Drive	the abbreviation "L.L.C."		
Principal office address MUST BE A STRI		Suite 602			
Tracqua office undess most be ASTREET ADDRESS		Miami, Florida 33156			
Enter new mailing address, if applicable:		7700 N. Kendall Drive			
(Muiling address MAY BE A POST OFFICE BOX)		Suite 602			
		Miami, Florida 33156			
3. If amending the registered agent and/orgent and/orgent and/or the new registered office add			name of the new regis		
Name of New Registered Agent:	Joseph A. Porre	Il Drive, Suite 602			

#### 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.

City

If Changing 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:

or remor	ed from our recor	<u>us</u> .		
MGR =	Manager			

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Change
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ective	date, if other	than the date the date the date must be s	e of filing: _				_ (optiona	ıl)	
reffectiv <b>te:</b> If ti	e date is listed, t he date inserter	the date must be s d in this block d	pecific and cann loes not meet:	not be prior to the applicab	date of filing of le statutory fi	r more than 90 o ling requirem	lays after fili ents, this da	ng.) Pursuant t ite will not be	n 605.02 : listed
ument`	s effective date	e on the Depart	ment of State	s records.	•				
cord sp s tiled.	ecifies a defay	ed effective date	e, but not an e	iffective time	e, at 12:01 a.n	n, on the earti	er of: (b)	The 90th day	after th
ed Ma	y 31		. 20	)23					
	/s/ Steven H.	Lang			red representat				
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Filing Fee: \$25.00