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	Division of Co	ro	orations			
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	Account Number					!
	Phone	:	(954)753-2222	•		_
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Help

12-01-16 15:03 FROM-12-01-16 15:03 FROM-12-01-16 15:03 FROM-12-01-16 15:03 FROM-12-01-16 15:03 FROM-13-01-16 15:03 FROM-14-01-16 15:03 FROM-15-01-16 15:03 FROM-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Limbilli	y Company as it now appears on our records	
(A Florida	y Company as it now appears on our records Timited Liability Company)	Ψ
The Articles of Organization for this Limited Liability Co	ompany were filed on 04/07/2010	and assigned
Florida document number L10000037628		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	led liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC"	or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
		Z
		42.7
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
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B. If amending the registered agent and/or registered agent and/or the new registered office addresses		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	Emer riorna sifeet azaress	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

OBMEDO LLO

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

Page 1 of 3

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if amending or removed	g Authorized Person(s) authorized to from our records:	manage, enter the title, name, and add	ress of each person being added
MGR = M AMBR = A	lanager authorized Member		
Title	<u>Name</u>	Address	Type of Action
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		CORAL SPRINGS, FL. 33071	<u>_</u>
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