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(R	equestor's Name)			
(A	ddress)			
• (A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(В	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				
· -	Office Üse Only			



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SECRETARY OF STATE SHALL AHASSEE, FLORIDA

SEP 22 2014 T CLINE

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Algis Legal (criter, L.L.) Name of Limited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.	T. B				
Please return all correspondence concerning this matter to the following:	THE SECOND SECON				
Jeremy Marrys Name of Person	PITARY OF ST				
Firm/Company 2					
150 E. Palmetto Park Road,	Sulte 800				
BOCA (aton Fl 3343) City/State and Vip Code Kathennem (greath esquire of greath address: (to be used for future annual report notification)	Mail Com				
For further information concerning this matter, please call:					
Name of Person at (954) 242-9841 Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee	of Status &				

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

Hears legal	Criter	, L.L.	
(Name of the Linlin	ed Liability Compa A Florida Limited	day as it now appears on our records.) Liability Company)	TECH TO
The Articles of Organization for this Limited Lia	ability Company	were filed on 8/23/20	10 Fand assigned !
Florida document number 1 1 CDO 01		, ,	
This amendment is submitted to amend the follo	wing:		70
A. If amending name, enter the new name of	the limited liab	oility company here:	OS PADE
The new name must be distinguishable and end with the	vords "Limited Lial	- · · ·	
Enter new principal offices address, if applica	ıble:	Suite 800	e HO Panc Ro.
(Principal office address MUST BE A STREE	T ADDRESS)	suite 800	
		was reason,	PL 33431
Enter new mailing address, if applicable:		150 €. Palw	cetto Panckd.
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)	Suite 800	
	<u></u>	BOCA ROTON, FL	33437
B. If amending the registered agent and/or registered agent and/or the new registered of			enter the name of the new
Name of New Registered Agent:	Jeren	my Manus	
New Registered Office Address:	150 E.	Palmetto Paide Enter Florida street address	Cd. Suite 800
	boca_	Raton Flori	da 33 B Z Zip Code
New Registered Agent's Signature, if changing R	egistered 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 Chapging Registered Agent, Signature of New Registered Agent

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member					
<u>Title</u>	Name	<u>Address</u>	Type of Action		
			_ □ Add		
			☐ Remove		
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			- Remo		
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