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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107 Pax Number : (561)694-1639

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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EXAMINER

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim)	ted Liability Company (A Fiorida Limited Lia	as it now appears or ability Company)	; our records,)		
The Articles of Organization for this Limited L Florida document number L10000130122	iability Company w	ere filed on 12/21	72010	_ and ass	igned
This amendment is submitted to amend the foll	lowing:				
A. If amending name, enter the new name of	of the limited Jiabill	ity company here	:		
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the desig	nation "LLC" or the abbre	viation "L.	L.C."
Enter new principal offices address, if applic	1891 SW 29th Ave	Fort Lauderdale, Fl. 33	312		
(Principal office address MUST BE A STREE	ET ADDRESS)				
					2019
Enter new mailing address, if applicable:		1891 SW 29th Ave	. Fort Lauderdale, FL 33	3312	HAL B
(Mailing address MAY BE A POST OFFICE BOX)					<u></u>
					<u>+</u>
B. If amending the registered agent and registered agent and/or the new registered of			ur records, <u>enter th</u>	e name	of the r
Name of New Registered Agent:	Thomas Reich				
New Registered Office Address:	1891 SW 29th A	ve.			
		Enter Florida	street address	•	
	Fort Lauderdale		, Florida <u>3331</u>	2.	
		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.

Ashley Goldsmith, Attorney-in-Fact

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:

MGR = N AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			□ Change
			□ Add
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) ys after filing.) Pursuant to 6 us, this date will not be li	05.0207 (3 sted as th
the record specifies a delayed effective date, but not an effective time, at 12) The 90th day after the record is filed.	e:01 a.m. on the ear	lier of:
Dated January 10th Signature of a member or authorized representative of a member		
Ashley Goldsmith, Attorney-in-Fact		
Typed or printed name of signee	 ,	

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