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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tiliz of Salm Beach County LCC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Mizk Legler	
Tikiz of Palm Bouch Connty	
10215, Rogers Circle Suitel	
Boca Raton, FL 33433	
City/State and Zip Code Wikk Log/Or com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mich Lealer at (561, 409-9187 3	ing j
Name of Person Area Code & Daytime Telephone Number	nang Sang
Enclosed is a check for the following amount:	1441
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{Certified Copy} \text{(additional copy is enclosed)} \text{\$\text{Certified Copy} \text{(additional copy is enclosed)}} \text{\$\text{Certified Copy} (additional copy is enclos)

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

(Name of the Limited L (A F	ability Compan lorida Limited Li	y as it now appears ability Company)	on our records.)	
The Articles of Organization for this Limited Liab Florida document number 4/000/677	oility Company v	were filed on	12/09/2011	_ and assigned
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of the	he limited liabil	lity company here	:	
The new name must be distinguishable and end with t "L.L.C." Enter new principal offices address, if applicab (Principal office address MUST BE A STREET)	le:	Syle Soca K	0	C' or the abbreviation Circle
Enter new mailing address, if applicable:		Same	Tage of the second	COST
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>		82 (34) \$3 (34) \$4 (34)	C# (
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			ir records, enter the	name of the new
New Registered Office Address:	1021 Bocak	5. Rose Ente City	r Florida street addres , Florida 33	Sixite / Six

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 608, 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

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

MGR = Manager

MGRM = Managing Member **Title** <u>Address</u> **Type of Action** Remove Add Remove Remove 1 1 2 2 E Add Remove Remove

ii amending any c	other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
· · · · · · · · · · · · · · · · · · ·		
(S) Oct	2151, 2013 .	
	Signature of a member or authorized representative of a member	,
$\langle X \rangle$	NICK LEGLER	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00