L11666037556

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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COVER LETTER

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|--------------------------|----------------------------------|---|--|---------------------------------|---------------------------------------|--------------------|-------|--------------------|
| SUBJEZ | FLONAT | I.I.C | | | | | | |
| SUBJEC | 1: | Name of Lini | nted Liability Company | | <u> </u> | | | |
| The enck | osed Articles of | f Amendment and fee(s) are sub | omitted for filing. | | | | | |
| Please re | tum all corresp | ondence concerning this matter | to the following: | | | | | |
| | | FABRICE HERZSTEIN | | | | | | |
| | | | Name of Persor | | | - | | |
| | | | Firm Company | | | • | | |
| | | 20803 BISCAYNE BLVD | , SUFTE 440 | | | | | |
| | | | Address | | | | | |
| | | AVENTURA, FL, 33180 | | | | | × 50 | • |
| | | FABRICE@MCHCONSUI | City State and Zip C | ode | | | | y S a Mariet |
| For furthe | a information s | F-mul address; () concerning this matter, please ea | to be used for future an | nual report notifica | ition) | (+1 | UI | |
| | E HERZSTEIN | | 786 | 785-5000 | | | | |
| | Name) | of Person | at (A)ea Code | Daytime T | elephone Number | | | |
| Fuclosed | is a check for t | he following amount: | | | | | | |
| ■ \$25.0 | 0 Filling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55,00 Filing 1 Certified Cop (additional copy) | y | Certified Certified (additional | te of Star Copy | tus & | |
| | Mailing Addres Registration : | | | t Address: istration Section | . 211 | | | |
| Division of Corporations | | Division of Corporations | | | | | | |
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLONAT LLC | | |
|--|--|-----------------------------|
| (<u>Name of the Limited Liability</u> (A Florida | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 03/29/2011 | and assigned |
| lorida document number L11000037556 | _· | |
| his amendment as submitted to amend the following: | | |
| If amending name, enter the new name of the limit | ed liability company here: | |
| ne new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" of | r the abbreviation "L.I.,". |
| nter new principal offices address, if applicable: | | |
| rincipal office address MUST BE A STREET ADDRI | ESS) | |
| | | • • • |
| | | <i>:</i> • |
| nter new mailing address, if applicable: | | <u> </u> |
| lailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| . If amending the registered agent and/or registered gent and/or the new registered office address here: | office address on our records, <u>enter the</u> | name of the new registo |
| Name of New Registered Agent: | · | |
| New Registered Office Address: | P . 19 1 | |
| | Enter Florida street address | |
| | Floric | la |
| | 1 141 | $z.\eta x \cup cac$ |

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.

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|---------------------|--------------------------------|---|
| AMBR | NATHALIE MOHR-YUDIN | 20803 BISCAYNE BLVD, SUITE 440 | ⊒ Add |
| | | AVENTURA, FL. 33180 | IRemove |
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Filing Fee: \$25.00

Typed or printed name of signee