Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: KATZ BASKIES LLC Account Number : I20080000071

Phone

: (561)910-5700

Fax Number

: (561)910-5701

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

| Email Address: | Emas | Ll | Address | 1 |
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LLC AMND/RESTATE/CORRECT OR M/MG RESTGNCLINE JADE'S A GEM LLC

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| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

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Corporate Filing Menu

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COVER LETTER

| TO: Registration Division of C | Section Corporations | | | | |
|-----------------------------------|--|---|--|---|--------------|
| SUBJECT: | | 's A Gem LLC | | | |
| | Name of Lir | nited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are so | abmitted for filing. | | | |
| Please return all corres | spondence concerning this matte | er to the following: | | | |
| | | Justin M. Savioli | | | |
| | | Name of Person | | • | |
| | | Katz Baskies LLC | | Pos P | |
| | | Firm/Company | **** | 日の | - 1 |
| | | | | C2 | Walter Copie |
| , | .2255 | Glades Road, Suite 2 | 240W | SE 22 22 22 22 22 22 22 22 22 22 22 22 22 | |
| | | Address | —————————————————————————————————————— | m _⊆ " | |
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| | E | Boca Raton, FL 33431 | 1 | င္ဘာ္ အာ | N. Lange |
| | | City/State and Zip Code | , | | |
| | iustin | .savioli@katzbaskies. | com | , a, | |
| | E-mail address: | (to be used for future annual rep | ort notification) | | |
| For further information | concerning this matter, please | call: | | | |
| Ju | ıstin M. Savloli | at (_561_) | 910-5700 | | |
| | of Person | Area Code & | Daytime Telephone Number | · · · | • |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is a | nclosed) Certified | of Status & | |
| MAII | LING ADDRESS: | STREET/C | COURIER ADDRESS: | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallabassee, FL 32301

P. 003

H110002993153

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Jade's A | Gem, LLC | | | | |
|--|--|---------------------|------------------|--------------------------|-----------------|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appear Liability Company) | s on our records.) | | | |
| • | | | | | |
| The Articles of Organization for this Limited Liability Company | y were filed on | 6/7/11 | and a | ssigned | |
| Florida document number L11000066366 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited list | ollity company here | | | | |
| Edwards Famil | <u> </u> | | Po | 2 | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Compar | y," the designation | "LLC" or the | | iation |
| 2.2.0. | | | - 第章 | DEC | |
| Enter new principal offices address, if applicable: | | | <u>중</u> 출 | <u>\(\frac{1}{2} \)</u> | Artice Salar |
| (Principal office address MUST BE A STREET ADDRESS) | | | m ' ≺ | | |
| | | · · · · · · | | 亚 | |
| | | | ORA: | 3 6 | |
| Enter new mailing address, if applicable: | • | | 를째 | <u>en</u> | |
| (Mailing address MAX BE A POST OFFICE BOX) | | • | | | _ |
| | | | | | _ |
| • | | | | | |
| B. If amending the registered agent and/or registered of | fice address on or | ır records, enter | the name | of the | mew |
| registered agent and/or the new registered office address her | | | | | |
| | | | | | |
| Name of New Registered Agent: | | | ٠,. | | _ |
| New Registered Office Address: | | | | | |
| | Ente | r Florida street ad | 'dress | | _ |
| | | , Florida | | | _ |
| | City | | Zip Cod | e | |
| 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

MGR = Manager

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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:

| <u>Title</u> | Name | Address | Type of Action |
|-----------------------|--|--------------------------------------|---|
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| . If amend | ling any other information, enter chan | ge(s) here: (Attach additional sheet | ; if necessary.) |
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Filing Fee: \$25.00