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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number : I20050000052

: (850)656-7956

Fax Number

: (850)656-7953

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

Email Address:_	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LV PROPERTIES GROUP, LLC

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EXAMINER

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LV PROPERTIES GROUP, LLC	•	
(Name of the Limited Liability Comps (A Florida Limited	ny as it now appears on our records Liability Company)	<u>)                                    </u>
The Articles of Organization for this Limited Liability Company	were filed on 7/7/2011	and assigned
lorida document number L11000078936		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Linbi	lity Company," the designation "LLC"	or the abbreviation "L L C."
Enter new principal offices address, if applicable:	19681 Black Olive Lane	
Principal office address MUST BE A STREET ADDRESS	Boca Raton, FL 33498	019
<del>,</del>	· · · · · · · · · · · · · · · · · · ·	A: JA
		55 <del>ω</del>
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
		22 <b>20</b>
		H 60
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, <u>e</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address Klo	rida
	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.

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 =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			□ Change
<del></del>	· · · · · · · · · · · · · · · · · · ·	·	☐ Add
	,	<del></del>	Remove
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			□ Remove
			· Change

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