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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer;	
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COVER LETTER

	Registration Sec Division of Corp			
SUBJEC	71`-	50/ar	sales 110	
SOBJEC	••	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
			Scott Stephe Name of Person	<u>۷</u> ۶
			Firm/Company	
		1810 NE	197 Terrace Address	Miami, FZ 33170
			City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	ication)
For furthe	er information co	oncerning this matter, please ca	all:	
	Name of	`Person	at (<u>305</u>) <u>991</u> Area Code Daytim	© 355 : Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Division P.O. Bo	NG ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n ations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a (A Florida Limited Liabi		
(A Florida Limited Liabi	lity Company)	
The Articles of Organization for this Limited Liability Company were	re filed on $\frac{1/20/201}{}$	1 and assigned
Florida document number <u>L 11 00 00 0 83</u> 557	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1
	, Florida	Zip Code's
New Registered Agent's Signature, if changing Registered Agent:		23 /17
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as provibeing filed to merely reflect a change in the registered office additionary has been notified in writing of this change.	formance of my duties, and I am juited for in Chapter 605, F.S. Or,	familiar with and if this document is

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
VP	David Good	3439 Cleveland St.	D Add
		3439 Cleveland St. Hollywood, FC 33021	Remove
			Change
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Effective date, if other th	an the date of fil	ing:		(optional)	
If an effective date is listed, the one is a listed in the content of the date inserted in the date in the d	date must be specific :	and cannot be prior to	o date of filing or more th	ian 90 days after filing.) Pursuant to 605.020
document's effective date or					
he record specifies a do The 90th day after th			an effective time	, at 12:01 a.m.	on the earlier o
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Filing Fee: \$25.00