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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations	•	
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SUBJECT:			
			•
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndonce concerning this matter t	o the following:	
	ALINE DARMOUNI		
	***************************************	Name of Person	n - Andrew -
	EXCO US ATRUIM CPA		
	44 WEST FLAGLER STREET, SUITE 2300		
	•	Address	1
•	MIAMI, FLORIDA 33130		
	AD@ATRIUMCPA.COM	City/State and Zip Code	7 MAY 15 PM 3: 3.1
		o be used for future annual report notific	cation)
For further information c	concerning this matter, please ca	di:	بب
ALINE DARMOUNI		305 600-4405	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•			
Regist Divisi	ANG ADDRESS: ration Section on of Corporations Box 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	- Addination of the second
The Articles of Organization for this Limited Liability Company Florida document number L11000097776	were filed on 8/25/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	illty company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	44 WEST FLAGER STREET	3
(Principal office address MUST RE A STREET ADDRESS)	SUITE 2300	老 温气
	MIAMI, FLORIDA 33130	
Enter new malling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	44 WEST FLAGER STREET	
(Mailing address MAY BE A POST OFFICE BOX)	44 WEST FLAGER STREET SUITE 2300 MIAMI, FLORIDA 33130 44 WEST FLAGER STREET SUITE 2300 MIAMI, FLORIDA 33130 registered office address on our records, enter the r	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		the name of the new
New Registered Office Address:	Emer Florida street address	
·		
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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	
MGR	CHRISTOPHE SAFARIAN	110 GRANITE CIRCLE	🗆 Add	
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ctive date, if other than the effective date is fisted, the date me it If the date inserted in this b innent's effective date on the f	it be specific and cannot be prior to ock does not meet the applicab	date of filing or more than 90 to statutory filing requiren	(optional) days after filing.) Pursuant to 605. cents, this date will not be liste	020 d e
ecord specifies a delaye ne 90th day after the re-	d effective date, but not a ord is filed.	an effective time, at	12:01 a.m. on the earlie	ır (
ed MAY II	. 2017			
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Filing Fee: \$25.00