Division of Corporations

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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 : SERBER & ASSOCIATES, P.A.

Account Number: I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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BORDERLINE INVESTMENTS LLC

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OCT 3 1 2016

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

BORDERLINE INVESTMENTS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel J. Serber

Name of Person

Serber & Associates, P.A.

Firm/Company

2875 NE 191st Street Suite 801

Address

Aventura, Florida 33180

City/State and Zip Code

info@serberlawfirm.com

For further information concerning this matter, please call:

Yolanda L. Fornaris

{..,}305`932-6262

Name of Person

Area Code

E-mail address: (to be used for future annual report notification)

Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status ☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60,00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BORDERLINE INVESTMENTS L	LC				
(Name of the Limited Liabili (A Florid:	ity Company a a Limited Liabi	s it now appears or lity Company)	our records.)	****	
The Articles of Organization for this Limited Liability C Florida document number L11000099094	Company we	e filed on 08/2	9/2011	and assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	ited liability	company here:			
The new name must be distinguishable and end with the words "Li	mited Liability	Company," the desi	gnation "LLC" or the	abbreviation 'L.L.C."	-
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADD)	RESS)				
					_
Enter new mailing address, if applicable:			******		_
(Mailing address MAY BE A POST OFFICE BOX)					_
	*****				_
B. If amending the registered agent and/or regis registered agent and/or the new registered office add			<u></u>	VII.V 21,721 01 (11)	<u></u>
New Registered Office Address:		Enter Florido s			_
		Enter Piorida S	ireet adaress		
···		City	, Florida	Zip Code	-
New Registered Agent's Signature, if changing Registered		<i>-</i> ,,		24 0000	
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confections of all statutes relative to the proper and confect the obligations of my position as registered ago being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete perj zent as provi d office add	formance of my ided for in Chap ress, I hereby co	duties, and I am pter 605, F.S. Or, onfirm that the lines	familiar with and if this document is nited liability	
	Page 1 of		ARY OF STAT SSEC FLORI	28 A II: 2	

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address Type of A	Action
MGR	TROVATO, ROMAN P	2875 NE 191 STREET SUITE 801	
		AVENTURA FL 33180	ve
MGR	INTERNATIONAL THING, LLC	919 NORTH MARKET ST #425	
		WILMINGTON DE 19801	vç
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ffective date, if other than the date of filing: the effective date must be specific, cannot be prior to date of receipt or filed date the date this document is filed by the Florida Department of State) ated Signature of a member or authorized re TROVATO, ROMANR	

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