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MAY 24 2018

COVER LETTER

	gistration Se vision of Cor							
ortes tarzoni		ifidential, LLC						
Name of Limited Liability Company								
The enclose	d Articles of	Amendment and fec(s) are sub	mitted for filing.					
Please retur	n all correspo	ndence concerning this matter	to the following:					
		Marshall A. Adams						
	Name of Person							
		Lubell & Rosen						
Firm*Company								
200 S. Andrews Ave. Suite 900								
			Address					
		Fort Lauderdale, FL 33301						
		City/State and Zip Code						
		maa@lubellrosen.com	to be used for future annual report notiti	and and				
For further	information co	oncerning this matter, please ca	·	Cattory				
Marshall A	. Adams		954 880- 9500					
	Name of	(Person	at () Area Code Daytime	Telephone Number				
Enclosed is	a check for th	ne following amount:						
S25.00	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)				

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

FILED

18 MAY 21 MID: 49

THE STATE OF THE S

Access Confidential, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compar	y were filed on 12/7/2011	and assigned
Florida document number £11000137913		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
L2 Florida, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "I	.LC" or the abbreviation "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 registered agent and/or the new registered office address he Name of New Registered Agent:		rds, enter the name of the nev
New Registered Office Address:		
	Enter Florida street add	Iress
		Florida
	·	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, s provided for in Chapter 60	and I am familiar with and 15, F.S. Or, if this document is

FILED

18 MAY 21 M 10: 49 Type of Action

Add

Remove or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Address</u> ☐ Change □ Add □ Remove _ Change _□ Add ☐ Remove _D Change □ Add ☐ Remove □ Add □ Remove _□ Change _□ Add _□ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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			FILEL TY 21 AM
			Heren
<u> </u>			
			
			
stor. It the date inserted t	an the date of filing: date must be specific and cannot be prior to date of filing or in this block does not meet the applicable statutory filin in the Department of State's records.	g requirements, and date the time	. to 605,0207 (3 he listed as th
record specifies a c The 90th day after t	elayed effective date, but not an effective t he record is filed.	ime, at 12:01 a.m. on the	earlier of:
May 18	2018		
	Signature of a thember or authorized representative	of a member	
1 i	<i>j</i>		

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Filing Fee: \$25.00