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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2015 JAN 13 PM 1: 56

SECRETARY OF STATE TALLAHASSEE, FLORIDA

LAKE SUCCESS HE	DA MANAGEMENT LLC
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now abpears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L1200014574</u>	npany were filed on $\frac{(o/15/12)}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	d liability company here:
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-
(Principal office address MUST BE A STREET ADDRE,	SS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, <u>enter the name of the new</u> ss here:
Name of New Registered Agent:	IM LEVINSON
New Registered Office Address: 53x	NW 12 ^{T5} AVE Enter Florida street address
For	City Florida 33809 City Zip Code
New Registered Agent's Signature, if changing Registered A	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 Chaptef 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 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 **Title Name** <u>Address</u> Type of Action ANDRIW VENEZIA 5300 NW 12th AVE MGRM Remove FORT LAUSGEDALE F.C 33309 □ Add ☐ Remove _□ Add ☐ Remove □ Remove □ Add ☐ Remove ☐ Remove

. If amending any other information, enter change(s) here: (Attach a	additional sheets, if necessary.)
	
Essential de la contraction de	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	annot be more than 90 days after
Dated	
	;
Signature of a member or authorized represer	ntative of a member
BARRY BGRAMAN	i
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