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SECRETARY OF STATE

JUN 1 1 2015 T. HAMPTON

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT:	Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. Il correspondence concerning this matter to the following:		
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Vivi an	A. Jaime	
		Ritter, Za	retsky Lieber	+ Jaime UP
		Mia	MIFC 3318 City/State and Zip Code	7
		E-mail address: (i	to be used for future annual report notif	Comication)
For fu	rther information c			
	Wian Name o	f Person	at (305) 376 Area Code Daytime	2 – 6 9 3 3 e Telephone Number
			·	·
Enclos	sed is a check for th	ne following amount:		
) \$2	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)

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**

(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 939012 and assigned Florida document number L12000 (600.2) 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 Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)	
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 Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AL	ODRESS)
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>	SEE FL S
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street address
	, Florida
Non-Desirational Assessed City Control of the Contr	City Zip Code
New Registered Agent's Signature, if changing Regist	ierea 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 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

	Authorized Person(s) authorized to n from our records:	nanage, enter the title, name, and address of each	ch person being added
MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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	adate, if other than t	he date of filir	ng: nd cannot be prior	to date of filing or mo	(optiona re than 90 days after filir	l) ng.) Pursuant to 605.	.0207 (3
. Effective	are dute is listed, life dute t	hlack does not	meet the applica	able statutory filing	requirements, this da	te will not be liste	d as th
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Filing Fee: \$25.00