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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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HIROG PARTICE

COVER LETTER

Division of Corpor				
SUBJECT: MS	R TNARAN Name of Limit	VATIONAL SO led Liability Company	URCING, LLC	•
The enclosed Articles of Ame	endment and fee(s) are subn	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
,	MARK	Name of Person	-K	
•		NOFK &		
		BRIKELL 1 Address		
	M; Am	FL 33	3/3/	
· .	MAKK J E-mail address: (to	City/State and Zip Code	MATL ACMEDITIONS	
For further information conc	erning this matter, please ca	II:	RY O	F
Mark Ho / Name of Pe	//Arcles	at (<u>366</u>) <u>4</u> Area Code Dayt	ime Telephone Number 23	J
Enclosed is a check for the fo	ollowing 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 enclose	

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 I	ernational Jo.	scing.	12
(A l	Clability Company as it now appears Florida Limited Liability Company)	on our records.)/	
The Articles of Organization for this Limited Liabi	lity Company were filed on	5-18-12	and assigned
Florida document number <u>L120006</u>	7/02		
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	re:	
The new name must be distinguishable and contain the words	EAD LLC		
The new name must be distinguishable and contain the words	s "Limited Liability Company," the de	signation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
			
		רר <i>י</i> פנכי	2015
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>	SS	27
	•···	<u> </u>	ω 1
B. If amending the registered agent and/or		E.S.	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on		the name of the nev
registered agent and/or the new registered office	address here.		က်
Name of New Registered Agent:			
Hame of New Registered Agent.			
New Registered Office Address:		da street address	
	Enter Floric	da street address	
_		, Florida	Zip Code
	City		Zip Code

New Registered Agent's Signature, if changing Registered 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

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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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effecti t <u>e:</u> If t	ve date is liste the date inser	d, the date mu rted in this b	st be specific lock does n	and cannot of meet the	be prior to d applicable	ate of filing of statutory fi	r more than 90 ling requirem	davs after filin	g.) Pufsülant t	o 605.020 e listed a
ument	's effective o	date on the D	epartment (of State's r	ecords.					
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Filing Fee: \$25.00