# L120000 70056

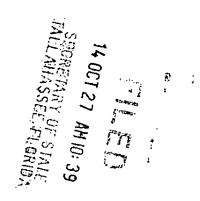
| (Re                     | questor's Name)   |           |
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| (Cit                    | y/State/Zip/Phone | e #)      |
| PICK-UP                 | WAIT              | MAIL      |
| (Bu                     | siness Entity Nar | ne)       |
| (Do                     | cument Number)    |           |
| Certified Copies        | _ Certificates    | of Status |
| Special Instructions to | Filing Officer:   |           |
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Office Use Only



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10/27/14--01053--020 \*\*30.00



J. Shivers OCT 2.9 2004

## **COVER LETTER**

| TO:      | Registration Sect<br>Division of Corpo |  |
|----------|--|--|
|          | PRANSK                                 | LLC  |
| SUBJE    | CT:                                    | Name of Limited Liability Company  |
|          |  |  |
| The end  | losed Articles of A                    | mendment and fee(s) are submitted for filing.  |
| Please 1 | return all correspond                  | dence concerning this matter to the following:   |
|          |  | Eric Stepansky   |
|          |  | Name of Person   |
|          |  | PRANSKI LLC  |
|          |  | Firm/Company   |
|          |  | 1060 Brickell Ave. Apt. 2303   |
|          |  | Address  |
|          |  | Miami, FL 33131  |
|          |  | City/State and Zip Code  |
|          |  | ericstepansky@gmail.com  |
|          |  | E-mail address: (to be used for future annual report notification)   |
| For furt | her information cor                    | ncerning this matter, please call:   |
| Eric S   | Stepansky                              | 646 897-2739 at ()   |
|          | Name of I                              | Person Area Code Daytime Telephone Number  |
|          |  |  |
| Enclose  | ed is a check for the                  | following amount:  |
| □ \$25   | 5.00 Filing Fee                        | \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  \$55.00 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

| PRANSKI LLC  | •   |  |
|--|---|--|
| (Name of the Limited Liability Compa<br>(A Florida Limited)  | ny as it now appears on our records.)<br>Liability Company)                 |  |
| The Articles of Organization for this Limited Liability Company Florida document numberL12000070056  | were filed on05/23/12   | and assigned                                   |
| This amendment is submitted to amend the following:  |   |  |
| A. If amending name, enter the new name of the limited liab  | ility company liere:  |  |
| CampusBreeze LLC   |   |  |
| The new name must be distinguishable and end with the words "Limited Liab  | oility Company," the designation "LLC" or the                               | e abbreviation "L.L.C."                        |
| Enter new principal offices address, if applicable:  |   |  |
| (Principal office address MUST BE A STREET ADDRESS)  |   |  |
| Enter new malling address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address her  | ffice address on our records, entere:                                       | er the name of the new                         |
|  |   | SES 7  |
| Name of New Registered Agent:  |   | ARE OCT 2                                      |
| New Registered Office Address:   | Enter Florida street address Florida  | AMIO   |
| <del></del>  | City  | Z Zip Code                                     |
| New Registered Agent's Signature, if changing Registered Agent:  | <u> </u>  | <b>1 1 1 1 1 1 1 1 1 1</b>                     |
| I hereby accept the appointment as registered agent and agr<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as<br>being filed to merely reflect a change in the registered office<br>company has been notified in writing of this change. | e performance of my duties, and I ar<br>provided for in Chapter 605, F.S. C | n familiar with and<br>Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
|              |             |         | Add            |
|              | :           |         | □ Remove       |
|              |             |         |                |
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|              |             |         | □ Remove       |

| f amending any other informa  | tion, enter change(s) here: (Attach additional she   | ets, if necessary.)             |
|---|--|---------------------------------|
| ·   |  |                                 |
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|   |  |                                 |
| ffective date, if other than the he effective date must be specific, can he date this document is filed by the Fl | date of filing:  not be prior to date of receipt or filed date and cannot be more the dorse department of State) | (optional)<br>nan 90 days after |
| ated October 23   | 2014   |                                 |
|   | 1-1  |                                 |
| Ent   | Signature of a member or authorized representative of a mem  | shar                            |
| Eric Stepansky  | Signature of a member of authorized representative of a mem  | ioci                            |
|   | Typed or printed name of signee  |                                 |
|   |  |                                 |
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|   | Page 3 of 3  | AT DCT                          |
|   | Filing Fee: \$25.00  | 27<br>\SS                       |
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