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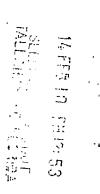
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Division of Corporations

SUBJECT:	3 M Deimpo A	restments le	
	Name of Limits	d Liability Company	· · · · · · · · · · · · · · · · · · ·
		•	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	DEBR	A BALADY Name of Person	·
		,	
	3 m call	MVC Firm/Company	# UC
	3T, F	ion 17 RAD Address (mmurg)	·
		Address (mmura)	
	- FLANDÝ	s new jerre	1 07836
	o baladi	City/State and Zip Code millennium textile be used for future annual report not	Trc.com
For further information co	oncerning this matter, please ca		mesion)
Debly BA Name of	ury	Bt (98) 887 - 0	ms Telephone Number
Name of	resem	Area Code & Daytu	me terebnone vannoa.
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	©630.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	☐\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations

Certified Copy

(additional copy is enclosed)

Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3.m allanoa =				
(Name of the Limited Liability Comp (A Florids Limited	any as it now appear Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Compar Florida document number <u>1120000 92570</u>	y were filed on	7-17:12	ainq assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited in	· ·			
m 3 OSLANDO FAVEST				
The new name must be distinguishable and end with the words "Li"L.L.C."	mited Liability Compa	any," the designation "Ll	LC" or the s	abbrevistica
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		·	id Eg	
		·	[
				र्सने ।
Enter new mailing address, if applicable:				<u> </u>
(Malling address MAY BE A POST OFFICE BOX)			~~.	77
				-55
	**************************************	·		্ন
B. If amending the registered agent and/or registered registered agent and/or the new registered office address?		our records, enter t	he name	of the new
Name of New Registered Agent:		 		
New Registered Office Address:				
	E	nter Florida street ada	iress	
		. Florida		
	City	The same of the sa	Zip Coc	ie
New Registered Agent's Signature, if changing Registered Age	rat:			

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 608, 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 emending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGR – Mai MGRM – M	nager Ianaging Member		
Title	Name	Address	Type of Action
	***************************************		Add
			Remove
			Remove
			Add
			Remove
			TAGE
			Remove
~~~~			Add
		<del></del>	Remove
			Add
		<del></del>	Remove

). II amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
ated	2-4-14
	Delra Balray
	Signature of a member or authorized representative of a member
	DEBRA BALADY
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00