42000/05506

| (Re | equestor's Name) | |
|-------------------------|-----------------------|--------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Name) | |
| (Do | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Division of C | | • | | |
|----------------|-------------------------------|---|---|---|--|
| C11D 11/2 | | & SONS I LLC | | | |
| SUBJE | СТ: | Name of Lin | aited Liability Company | | |
| The enc | losed Articles | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please re | eturn all corres | spondence concerning this matter | to the following: | | |
| | | ADAM DROR | | | |
| | | <u> </u> | Name of Person | | |
| | | | Firm/Company | | |
| | | 1423 SE 10TH STREET. | SUITE I | | |
| | | CAPE CORAL, FL 33990 | Address CAPE CORAL, FL 33990 | | |
| | | droradam01@gmail.com | City/State and Zip Code | | |
| | | E-mail address; (| to be used for future annual report not | ification) | |
| For furt | her information | n concerning this matter, please c | all: | | |
| ADAM | DROR | | 239 573-8667 | | |
| | Nam | e of Person | Area Code Daytin | ne Telephone Number | |
| Enclosed | d is a check for | r the following amount: | | | |
| ■ \$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) | |
| | Regi Divi P.O. | ILING ADDRESS: stration Section sion of Corporations Box 6327 thassee, FL 32314 | STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Co | on rations | |

Tallahassee, FL 32301

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

| | ТО | / *\ |
|---|---|---------------------------|
| ARTICLES O | F ORGANIZATION | 1/2 M/1 |
| | OF | and assigned |
| | | |
| ADAM & SONS I LLC | | 14/2 P. |
| (Name of the Limited Liability C | ompany as it now appears on our records.) inted Liability Company) | |
| (A) Columnia | mest manney Company | , , , , |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 08/16/2012 | and assigned |
| lorida document number L12000105506 | | <i>Q</i> . |
| Torida document munica | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited | Highility company hore: | |
| t. If amending name, enter the new name or the intinted | raphic company here. | |
| | | |
| he 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: | | |
| • • | 26. | |
| <u> Principal office address MUST BE A STREET ADDRES.</u> | <u></u> | |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | 17830 ENGLE ROAD, UNIT 14 | |
| •• | 17830 ENGLE ROAD, UNIT 14 MIDDLEBURG HEIGHTS, OH 4 | 4130 |
| •• | | 4130 |
| •• | | 4130 |
| Mailing address MAY BE A POST OFFICE BOX) | MIDDLEBURG HEIGHTS, OH 4 | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere | MIDDLEBURG HEIGHTS, OH 4 | |
| Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>) 3. If amending the registered agent and/or registere registered agent and/or the new registered office address | MIDDLEBURG HEIGHTS, OH 4 | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address | MIDDLEBURG HEIGHTS, OH 4 | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere | MIDDLEBURG HEIGHTS, OH 4 | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registere egistered agent and/or the new registered office address | MIDDLEBURG HEIGHTS, OH 4 ed office address on our records, e s here: | |
| Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered egistered agent and/or the new registered office address Name of New Registered Agent: | MIDDLEBURG HEIGHTS, OH 4 | |
| Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent: | MIDDLEBURG HEIGHTS, OH 4 ed office address on our records, e s here: | nter the name of the new |

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 = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-------------------|---------------|--|----------------|
| MGR | GEORGE NAKHLE | 17830 ENGLE ROAD, UNIT 14 MIDDLEBURG HEIGHTS OH 44130 | = Add |
| | | | Remove |
| ADAM DROR MGRM | ADAM DROR | 1423 SE 10TH STREET, SUITE I CAPE CORAL, FL 33990 | Change |
| | | CALL CORAL, IL 3.5770 | \ Add |
| | | | Remove |
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| it amending any other informa | ition, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this blocument's effective date on the D | thate of filing: |
| ne record specifies a delayed The 90th day after the rec | d effective date, but not an effective time, at 12:01 a.m. on the earlier (ord is filed. |
| Dated | 2018 |
| Jaigu | |
| | |
| | |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Filing Fee: \$25.00