L1200008770

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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B. BOSTICK

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EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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95 OFFICE PARK, I	LLC					Load	AH 11: 56	_
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				Art of Inc. File				
				LTD Partnership File		<u>.</u>		
				Foreign Corp. File		_		
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•				Fictitious Name File				
				Trade/Service Mark				
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				Dissolution / Withdrawal			_	
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Walk-In	Will Pick Up		_ \	Courier				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as ft now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Compare Florida document number <u>L12000108770</u>	ny were filed on <u>08/23/201</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	• .
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		. v.
(Principal office address MUST BE A STREET ADDRESS)		ALS: 12
	<u> </u>	
Enter new mailing address, if applicable:		29 ASSEE
(Mailing address MAY BE A POST OFFICE BOX)	•	
		1: 56 ORIO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
·		
·	City	, Florida Zip Code
New Desirtered Amentle Cimentum of shanning Desirtered Agen		-

New Registered Agent's Signature, if changing Registered Agent

95 Office Park LLC

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 amending 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 = Manager

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action 2001 Hollywood Blvd., Suite 206 **MGRM** Berman Satellite Investments, Inc. Hollywood, FL 33020 Remove Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	M.
	Signature of a member or authorized representative of a member
٠	Eric A. Jacobs, Esq., authorized representative of a member
•	Typed or printed name of signee

Page 3 of 3

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