L12000135786

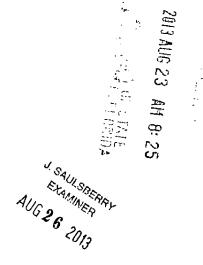
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Sec Division of Corp						
	N	ACYLANE LLC				
SUBJECT:	Name of Limi	ited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspon	ndence concerning this matter	to the following:				
	FOGLIA DIDIER					
		Name of Person		-		
	MACYLANE LLC					
		Firm/Company		•		
	160 W CAMINO RE	AL SUITE # 274			2	
		Address			2013	
	BOCA RATON FL 3	33432			AUG S	
		City/State and Zip Code		•	23	i.
	lesley@kpldevelopn			-		:
	E-mail address: (t	to be used for future annual report notificati	on)	37	ĆĐ	
For further information co	ncerning this matter, please c	all:			25	
LESLEY PARENTE		at (561) 447 7977				
Name of	Person	Area Code & Daytime Te	lephone Number	r		
Enclosed is a check for the	e following amount:					
X \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Fil Certifica Certified (addition	ite of Sta I Copy	itus &	sed)

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

MACYLANE LLC

(Name of the Limited Liability ((A Florida Li	Company as it now appo mited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L12000135786	mpany were filed on	10/25/2012	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company h	ere:	
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Com	pany," the designation "LLC	C" or the abbreviatio
Enter new principal offices address, if applicable:		- 4. - 5.5	2013
(Principal office address MUST BE A STREET ADDRE	SSS)	, *	
			N
Enter new mailing address, if applicable:		••.	
(Mailing address MAY BE A POST OFFICE BOX)		22	· · · · · · · · · · · · · · · · · · ·
(Mutung united MAT DE AT OST OFFICE DOA)		***	
B. If amending the registered agent and/or register registered agent and/or the new registered office addre	red office address on ss here:	our records, enter the	name of the nev
Name of New Registered Agent:	·		
New Registered Office Address:			
	E	nter Florida street addres	s
		, Florida	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KORCHIA ERIC	160 W CAMINO REAL SUITE # 286	Add Add
		BOCA RATON FL 33432	Remove
MGR_	SPARING PARTNERS INC	299 WEST CAMINO GARDENS BLVD	X Add
		SUITE 200	Remove
		BOCA RATON, FL 33432	_
and the party			Add
			Remove
			
		***	Remove
			.AA CO 707 Add
			Remove
			-
			Add
		-	Remove

If an	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
ad	078/16/2013
.u	,
	Signature of a member or authorized representative of a member
	KORCHIA ERIC
	Typed or printed pame of signee
	Page 3 of 3

Filing Fee: \$25.00

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