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# TO: Registration Section Division of Corporations SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EISEA FRISHBERG

Name of Person

Name of Person

ILLO KANE CONCOURSE. # 204

Address

BAYHARBOR FSLANDS, FL 3315Y

City/State and Zip Code

EISEA MANNEYMAN. COM

E-mail address: (to be used for future annual report notification)

| For further information concerning this matter, please call: |           |                          |  |
|--|-----------|--------------------------|--|
| Elsea FRISHBERA  | at (305)  | 606828/                  |  |
| Name of Person   | Area Code | Daytime Telephone Number |  |

Enclosed is a check for 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)

### 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 The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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 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

Page 1 of 3

MGR = Manager AMBR = Authorized Member seaFRIShberg 1160 Kane Concourse

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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:

| ective d | ate, if other than | the date of filing:                              |                       |                       | (optional)         |
|----------|--------------------|--|-----------------------|-----------------------|--------------------|
|          |                    | cannot be prior to date<br>ne Florida Department |                       | and cannot be more    | than 90 days after |
| ed       | 120                | <u> </u>   | 2015.                 |                       |                    |
|          |                    | 7000   | -                     | la bora               |                    |
| -        | +1.00              | Signature of a me                                | mber of authorized re | epresentative of a me | mber               |
|          | <del> 11000</del>  | 7-D19-   | R (-)                 | - 1                   |                    |

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Filing Fee: \$25.00