Page 1 of 1 Division of Corpor

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Comporations

Fax Number

: (850)61.7-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : I20020000087

Phone

: (954)389-1333

Fax Number

: (954)389-1397

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | |
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JUN 20

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EBANO Y MARFIL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | NO Y MARI | | | | | |
|--|--|---|-------------------------|--------------|---------|--|
| (Name of the Limited L (A F | iability Compa Iorida Limited I | ny as it now appears on o liability Company) | ur records.) | | | |
| The Articles of Organization for this Limited Lial Florida document number <u>L12000143611</u> | bility Company | were filed on <u>11/14/1</u> 2 | 2 | and assigned | d | |
| This amendment is submitted to amend the follow | ving: | | | | | |
| A. If amending name, enter the new name of t | he limited liab | ility company here: | | | | |
| The new name must be distinguishable and end with "L.L.C." | the words "Limi | ited Liability Company," th | ne designation "LLC" | or the abbre | vistion | |
| Enter new principal offices address, if applicable: | | 2721 EXECUTIVE PARK DRIVE | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | SUITE 4 | | | _ | |
| | | WESTON, FL 33 | 331 | 3 3 | | |
| Enter new mailing address, if applicable: | | 2721 EXECUTIVE | E PARK DRIVE | JUH 2 | - | |
| (Moiling address MAY BE A POST OFFICE B | ox | SUITE 4 | | | 1 | |
| Unadiang dauress 197() NE A FUST UFFILE BUX | | WESTON, FL 33 | | | 1 1 | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered of ce address her | ffice address on our re e: | ecords, enter the n | | е леж | |
| Name of New Registered Agent: | Name of New Registered Agent: PAUL SAL | | | | | |
| New Registered Office Address: | 2721 Exect | utive Park Dr., #3 | | | | |
| | | Enter Flo | orida street address | | | |
| | WESTON | | , Florida <u>333</u> 31 | | | |
| | | City | | p Code | | |
| New Registered Agent's Signature, if changing Re | gistered 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

MGR = Manager

1 ...

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:

| <u> Title</u> | Name | Address | Type of Action |
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