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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROBERT N. ALLEN, JR., P.A.

Account Number: 073324000622

Phone

: (305)372-3300

Fax Number

: (305)379-7018

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

Pgarcia @ robertallen law. com

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D. BRUCE

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1

WITTOTES OF WIMEINDIMENT

TO ARTICLES OF ORGANIZATION OF

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now api liability Compan	ocars on our records.)	
The Articles of Organization for this Limited I L13000020814			February 8, 2013	and assigned
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company	here:	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ted Liability Co	mpany," the designation "	'LLC" or the abbreviation
Enter new principal offices address, if appli	icable:	1390 Ham	mondville Road, St	uite C-1
(Principal office address MUST BE A STREET ADDRESS)		Pompano	Beach, FL 33069	57: D O
				The state of the s
Enter new mailing address, if applicable:		58 South I	Kimball Street	AHASS
(Mailing address MAY BE A POST OFFICE BOX)		Bradford,	MA 01835	
				S AIE STATE
B. If amending the registered agent and registered agent and/or the new registered to	or registered of office address her	fice address o	on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Robert Alle	n Law		
New Registered Office Address:	1441 Bricke	ell Avenue, S	uite 1400	
	<u></u>		Enter Florida street ad	dress
	Miami	·	, Florida	3131
		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

Page 1 of 3

То: 850-617-6381 ; 3053797018 # 3

MGR = Ma	TAX AUD (Manager Managing Member	······································	
<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Sam Busa	1390 Hammondville Road, Ste. C1	Add
		Pompano Beach, FL 33069	Remove
Mgr	John L Divincenzo	1390 Hammondville Road, Ste. C1	Add
		Pompano Beach, FL 33069	Remove
Mgr Andre Berr	Andre Bernard	5255 Collins Avenue, Apt. 15A	
		Mlami Beach, FL 33139	Remove
			Remove ARY OF SIA
			Add ac Remove
			Add

07-11	-13;07	18PM;	From:
	_		

To:850-617-6381 ;3053797018

/

. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
Ju ited	aly 11, 2013
	Typy de f
	Signature of a member or authorized representative of a member Peggy Garcia

Typed or printed name of signee

Page 3 of 3

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