rage 1 of 1

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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.

(((H13000192223 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SOUTH FLORIDA CORPORATE COUNSEL

Account Number : I20130000065 : (305)343-0597 Fax Number : (305)777-0233

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

Email Address: mmcorcoran@CorcocanLLC.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONTROL AV LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help

AUG 2 9 2013

J. BRYMIN

https://efile.sunbiz.org/scripts/efilcovr.exe 305-777-0233

South Fl. Corporate Couns

8/28/2013 qd3:50 81 82 guA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



CONTROL AV LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Diffica :	amonity Company)	ツ
The Articles of Organization for this Limited Liability Company	were filed on April 22, 2013	and assigned
Florida document number L13000058798		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ted Liability Company," the designation	LLC" or the abbreviatio
Enter new principal offices address, if applicable:	1803 N.E. 146th Street	
(Principal office address MUST BE A STREET ADDRESS)	North Miami, FL 33181	
Enter new mailing address, if applicable:	1803 N.E. 146th Street	
(Mailing address MAY BE A POST OFFICE BOX)	North Miami, FL 33181	
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ac	ddress
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and ag the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	ilete performance of my duties, and . provided for in Chapter 608, F.S. O	I am familiar with and r, if this document ts
If Cha		
	nging Registered Agent, Signature of New	Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Address <u>Title</u> Name Ashokan LLC 9485 S.W. 72nd St., Ste. A295 **MGRM** Miami, FL 33173 Remove c/o Control AV LLC Ashokan LLC MGR 1803 N.E. 146th Street Remove North Miami, FL 33181 iGrappa LLC c/o Control AV LLC **✓** Add MGR 1803 N.E. 146th Street North Miami, FL 33181

Page 2 of 3

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This limited liability company shall be managed by one	
	or more managers who may be, but need not be, members.	
		
	A	THE CO
Dated _	hough R May o	
	Signature of a member or authorized representative of a member	
	Dehorah R. Mayo Authorized Representativ	1 <u>2</u>

Page 3 of 3
Filing Fee: \$25.00

H13000192223 3