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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CORP USA Account Number: 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

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

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Corporate Filing Menu

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D. SCOTT 2 2017

MAY





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on	
A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the 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, enteregistered agent and/or the new registered office address here:	and assigned
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" of the 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, enteregistered agent and/or the new registered office address here:	
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. It amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	
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(Mailing address MAY BE A POST OFFICE BOX) NORTH MIAMI BEACH FL 33162 B. If amending the registered agent and/or registered office address on our records, enteresistered agent and/or the new registered office address here:	09
B. If amending the registered agent and/or registered office address on our records, enterestered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here:	
registered agent and/or the new registered office address here:	
	er the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	ين يَشْرِي
Enter Florida street address	7
, Florida	·
City New Registered Agent's Signature, if changing Registered Agent:	Zip Code

I hereby accept the appointment as registered agent und 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>		Address	Type of Action
MGR	NOUHA CHAMOUN		1 NE 167TH STREET	_ Ad d
			NORTH MIAMI BEACH	■ Remove
			FL 33162	Change
MGR	NAZIH CHAMOUN		88 NE 168TH STREET	_ Ad d
			NORTH MIAMI BEACH	□ Remove
		,	PL 33162	Change
		Υ <u>*</u> *		
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Page 2 of 3

m amending	any other information, enter chai	nge(s) here: (Attach additional sheets, if necessary.)
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Effective dat	te, if other than the date of filing:	APRIL 24, 2017 (optional) unnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
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	APRIL 24	2017
Dated	, ,	
	23.	NOZLB. Chamoun
	Signature of a men	mber or authorized representative of a member
	45.	NAZIH CHAMOUN
	ту	yped or printed nume of signee
		Page 3 of 3
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