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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MEFLIXX GROUP LLC

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PAGE 01/04

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEFLIXX	GROUP LLC		
(Name of the Limited Liabilit (A Florida	y Company sy it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co. Florida document number L13000070196	ompany were filed on 05/14/2013	and assig	ned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here;		
The new name must be distinguishable and end with the words "Lin	ailed Liability Company," the designation "LLC" or the ab	breviation "L.1	C."
Enter new principal offices address, if applicable:			BY BY YOU MENTS IN THE
(Principal office address MUST BE A STREET ADDR	ESS)		
	we specification	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			ere reduced the
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		he hame o	f the new
registered agent and/or the new registered office agen	cas nero.		
Name of New Registered Agent:		1-47	50
New Registered Office Address:			75
New Registered Office Address.	Enter Florida street address		<del>(5)</del>
	, Florida		
	City	Zija Çode	3
New Registered Avent's Signature, if changing Registered		,1	~~
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and concept the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change.	omplete performance of my duties, and I am fa- tent as provided for in Chapter 605, F.S. Or, i	miliar with Tthis docum	and tent is
	If Changing Registered Agent, Signature of New Reg	istored Anent	<del></del>

Page 1 of 3

If amending the Munagers 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:

<u>Address</u> Type of Action Title Name 17012 NW 19 STREET \_\_ Ack MGR ERNESTO FERNANDEZ PEMBROKE PINES, FL 33028 \_\_\_\_ □ Remove \_\_\_\_ 🗆 Remove \_\_\_\_\_ Add \_\_\_\_ Romove \_\_\_\_ □ Remove

MGR = Manager AMBR = Authorized Member

Page 2 of 3

١.	If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)
4	Effective date, if other than the date of filing: 2124 (optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	the date this document is siled by the Florida Department of State  Dated 09/02   j 2014
	- Training
	Signature of a night of pulborized representative of a member  MANUEL ARRNANDEZ
	Typod of plinted ;tains of signes

Page 3 of 3

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