| <u>LI3000/0</u>                              | 4998  |
|--|---|
| (Requestor's Name)<br>(Address)<br>(Address) | 500307325025                                    |
| (City/State/Zip/Phone #)                     | 5003073250<br>BLAHASSEEFLORD<br>NLLAHASSEEFLORD |
| Office Use Only                              |   |

| •  | (   | COVER LETTER  |  |
|--|---|---|--|
| TO: Registration Sect<br>Division of Corpo           |   |   |  |
| SUBJECT:   | The House   | of Machines   | ЦС   |
| The enclosed Articles of A                           | mendment and fee(s) are sub   | mitted for filing.  |  |
| Please return all correspond                         | lence concerning this matter  | to the following:   |  |
|  | Thom  |   |  |
|  | 1   | Name of Person  | _  |
|  | The   | House of Machine  | <b>b</b>   |
| 4.   | 5   | 317 Greenside C   | 4  |
|  |   | Address   |  |
|  |   | Orlando FL<br>City/State and Zip Code                                     | 32819  |
|  |   | e the house of main to be used for future annual report noti              | chives. 4m   |
| For further information cor                          | cerning this matter, please ca  |   |  |
| t.m K  | rinke   | at, 407, 616-   | 3/83   |
| 1677/17  | erson   | Area Code Daytim  | e Telephone Number   |
| Name of I  |   |   |  |
| Enclosed is a check for the                          | following amount:   |   |  |
| Enclosed is a check for the<br>\$25.00 Filing Fee    | following amount:<br>530.00 Filing Fee &<br>Certificate of Status                                       | C \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | Certificate of Status &<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclose      |
|  | □ \$30.00 Filing Fee &  | Certified Copy  | Certificate of Status &<br>Certified Copy  |
| \$25.00 Filing Fee MAILIN                            | □ \$30.00 Filing Fee &<br>Certificate of Status<br>RG ADDRESS:  | Certified Copy<br>(additional copy is enclosed)<br>STREET/COUR            | Certificate of Status &<br>Certified Copy<br>(additional copy is enclose<br>ER ADDRESS:                  |
| \$25.00 Filing Fee          MAILIN         Registrat | □ \$30.00 Filing Fee &<br>Certificate of Status<br><b>R: ADDRESS:</b><br>ion Section<br>of Corporations | Certified Copy<br>(additional copy is enclosed)                           | Certificate of Status &<br>Certified Copy<br>(additional copy is enclose<br>ER ADDRESS:<br>in<br>rations |

| t ,  |  |
|--|--|
| ARTICLES OF A  | MENDMENT   |
| ТО   |  |
| ARTICLES OF OF   |  |
| OF   |  |
|  |  |
| (Name of the Limited Limitity Company  | Machines   |
| (A Florida Limited Lia   | bility Company)  |
| The Articles of Organization for this Limited Liability Company w Florida document number $-4/3000104998$                  | ere filed on 7/24/2013 and assigned                          |
| This amendment is submitted to amend the following:  |  |
| A. If amending name, enter the new name of the limited fiability   | ty company here:   |
| The new name must be distinguishable and contain the words "Limited Liability  | Company," the designation "LLC" or the abbreviation "L.L.C." |
| ······   | 18   |
| Enter new principal offices address, if applicable:  |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  |
|  |  |
|  | 2 mgc  |
| Enter new mailing address, if applicable:  |  |
|  | <u> </u>   |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |
|  | ،  |
| B. If amending the registered agent and/or registered offleregistered agent and/or the new registered office address here: | ce address on our records, <u>emer the name of the new</u>   |
| Name of New Registered Agent:  |  |
| New Registered Office Address:   |  |
|  | Enter Florida street address                                 |
|  | , Florida  |
|  | City Zip Code  |
| New Registered Agent's Signature, if changing Registered Agent:  |  |

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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 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. J 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, <u>enter the title, name, and address of each person being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

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d

| <u>Title</u> | Name                                 | Address  |                                 | Type of Action |
|--------------|--------------------------------------|----------|---------------------------------|----------------|
| MGR          | Operation Alliance<br>Global Limited | 6 EU TON | j Son Street                    | tu Xdd         |
|              | Global Limited                       | #12-20 < | j Sen Street<br>Ingapore 059817 | Remove         |
|              |                                      |          |                                 | Change         |
|              |                                      |          |                                 | □ ∧dd          |
|              |                                      |          |                                 | 🗆 Remove       |
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|              |                                      |          |                                 | _ Remove       |
|              |                                      |          |                                 | _ Change       |
|              | Pag                                  | 2 of 3   |                                 |                |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |                     |
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|   |                     |
| E. Effective date, if other than the date of filing:  |                     |
| <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records. | it be listed as the |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the   | e earlier of:       |
| (b) The 90th day after the record is filed.   |                     |
| Dated January 4 2018  |                     |
| Signature of a member or autorized representative of a member   |                     |
|   |                     |
| Typed or printed name of signee   |                     |

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Page 3 of 3

Filing Fee: \$25.00

| ARTICLES OF A  | MENDMENT   |          |
|--|--|----------|
| T  |  |          |
| ARTICLES OF O  | Í<br>RGANIZATION   |          |
| O  |  |          |
|  |  |          |
| The House on   | A Machines   |          |
| ( <u>Name of the Limited Liability Compan</u><br>(A Florida Limited L        | y as it now appears on our records.)<br>ability Company)     |          |
|  | n laula in   |          |
| The Articles of Organization for this Limited Liability Company v            | were filed on and assig                                      | ned      |
| Florida document number <u>413000104998</u>                                  |  |          |
| This amendment is submitted to amend the following:                          |  |          |
| 5  |  |          |
| A. It amending name, enter the new name of the limited fiabil                | ity company here:  |          |
|  |  |          |
| The new name must be distinguishable and contain the words "Limited Liabilit | y Company." the designation "LLC" or the abbreviation "L.L.( | C."      |
| Enter new principal offices address, if applicable:                          | 8  | ALL      |
| (Principal office address MUST BE A STREET ADDRESS)                          | UA)  | AH       |
|  | 1  | - ASA-   |
|  |  |          |
| Enter new mailing address, if applicable:                                    | H H  |          |
| (Mailing address MAY BE À POST OFFICE BOX)                                   |  |          |
| (Madding address WAT DE ATOST OFFICE BOA)                                    |  | <u> </u> |
|  |  | 3        |
| B. If amending the registered agent and/or registered off                    | the entries all rating strikings was an earth an             | the new  |
| registered agent and/or the new registered office address here:              | and the value of the second of the second of                 | LIR ALCW |
|  |  |          |
| Name of New Registered Agent:  |  |          |
|  |  |          |
| New Registered Office Address:   | Enter Floridu street address                                 |          |
|  |  |          |
|  | , Florida<br>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 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

Name





| <b>D</b> | f amending any other in | ormation, enter chan | ge(s) here: | (Attach additional sheets, if r | necessary) |
|----------|-------------------------|----------------------|-------------|---------------------------------|------------|
|----------|-------------------------|----------------------|-------------|---------------------------------|------------|

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|                                     | And the state of the state of the       |  |                                 |
| (If an effecti<br><u>Note:</u> If i | date, if other than the date of filing: | (optional)<br>are of filing or more than 90 days after (filing.) Pursuant to (<br>statutory filing requirements, this date will not be l | 505.0207 (3 Kb)<br>isted as the |
|                                     |   |  |                                 |

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

January 2018 Dated \_ Signature of a member or authorized representative of a member 2 Tranke homas M Typed or printed nume of signee Page 3 of 3 Filing Fee: \$25.00