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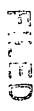
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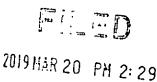
TC	P: Registration Se Division of Cor				
en	Namlekceb. BJECT:				
30	DJECT:		ited Liability Company		
Th	e enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
Ple	ase return all correspo	ndence concerning this matter	to the following:		
		Steven A. Beckelman, Esq			
			Name of Person		
		McCarter & English, LLP			
Firm/Company					
		100 Mulberry Street, Four Gateway Center			
Address					
		Newark, NJ 07102			
		City/State and Zip Code			
		sbeckelman@mccarter.com			
		E-mail address: (to be used for future annual report notifi	ecation)	
Fo	r further information co	oncerning this matter, please ca	all:	•	
St	even A. Beckelman, E	sq.	973 639-2055		
	Name of	l'Person	Area Code Daytime	Telephone Number	
En	closed is a check for th	e following amount:			
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Namlekceb, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{07/26/2013}{1}$ Florida document number L13000106023 This amendment is submitted to amend the following: 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" or the abbreviation "LLC." 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, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Irene Feldman	16425 Collins Avenue, Apt. 1014 Sunny Isles Beach, Florida 33160	■ Add
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Note:	ive date, if other than the date of filing:
the red) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	March 15,2019 Signature of a member or authorized representative of a member
	Steven A. Beckelman

Page 3 of 3

Filing Fee: \$25.00