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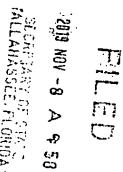
(Re	questor's Name)	
(Add	dress)	<u>.</u>
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	-
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Office Use Only



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T. LE. OT TOO

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	ON ASSOCIATES, LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BART HOUSTON		
		Name of Person	
	THE HOUSTON FIRM, P	Α	
	-	Firm/Company	
	1301 E. BROWARD BLV	D., SUITE 100	
	-	Address	
	FT. LAUDERDALE, FL 3	3301	
	BHOUSTON@THLGLAW	City/State and Zip Code COM	
	h-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ca	ıll:	
BART HOUSTON		954 900-2615	
Name c	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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)
Regist Divisio	JNG ADDRESS: ration Section on of Corporations lox 6327	STREET/COURIF Registration Section Division of Corpora Clifton Building	1

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEDALLION ASSOCIATES, LL		
(<u>Name of the Limi</u>	ted Liability Company as it now appears on our recor (A Florida Limited Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Laborida document number L13000110518		and assigned
his amendment is submitted to amend the foll		
a. If amending name, <u>enter the new name o</u>		
he new name must be distinguishable and contain the v	words "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
Principal office address MUST BE A STREI	ET ADDRESS)	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE</u>	<u></u>	<u> </u>
	/or registered office address on our recor	ds. enter the game of the
registered agent and/or the new registered o	ffice address here:	LCAHAS
Name of New Registered Agent:		(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B
New Registered Office Address:	1301 E. BROWARD BLVD. SUITE 100 Enter Florida street addr	→ P P P P P P P P P P P P P P P P P P P
		FIG. 3338
	City	Zin 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

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>	<u>Address</u>	Type of Action
MGR	NORMAN L. HERSKOVICH	5200 N. FEDERAL HWY, STE 4 FT. LAUDERDALE, FL 33308	
			Remove
			☐ Change
			
			Remove
			Change
			Remove
			Change
			□ Remove
			Change
			Add
			Remove
			Change
			
			Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed. Dated 11/5 2019 Signature of a member or authorized recressitative of a member.		
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02t Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated Date		
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Effective date, if other than the date of filing: [Optional] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated [11/5] [2019] [Amaca.]	-	
Effective date, if other than the date of filing: [(optional)] If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 Mote; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. Dated [11/5] [2019]	·	
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Effective date, if other than the date of filing:		
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The 90th day after the record is filed. Dated	Note: If the date inserted in	this block does not meet the applicable statutory filing requirements, this date will not be listed
Dated		
Met	11/5 Dated	2019
Signature of a member or authorized representative of a member	Moto 1	
- · · · · · · · · · · · · · · · · · · ·	- Therm	Signature of a member or authorized representative of a member
	NORMAN L. H	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00