Florida Department page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130001852913)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: I20000000019

: (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. ** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AISAR LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

nic Filing Menu

Corporate Filing Menu

Help Aug 2 1 2013

D. BRUCE

H130000185291

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AISAK		
(Name of the Limited Liability (A Florida	y Company as it now appears on our Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability of Florida document number 13000 1494	Company were filed on 08/15	1 2013 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C." Enter new principal offices address, if applicable:	rds "Limited Liability Company," the o	designation "LLC" or the abbreviation
(Principal office address MUST BE A STREET ADD)	RESS)	
		Pu 20
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		HE 6
· .		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the new ORIDS
Name of New Registered Agent:		
New Registered Office Address:	·	
	Enter Flori	da street address
	<u> </u>	, Florida
•	Çity	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 608, 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 2

MGR = Manager

MGRM = Managing Member

H13000185291

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

Title Name. <u>Address</u> Type of Action Boxaña Alello EEV D Add Remove DPY 🔲 Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated er or authorized representative of a member yped or printed name of signee

H13000185231

Page 2 of 2