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ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION

HAR FR	FILLGT	10	
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears of Liability Company)	n our records.)	_
The Articles of Organization for this Limited Liability Compa Florida document number <u>L13000126628</u>	any were filed on	<u>[-11-13</u> an	nd Assigned
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited life of the	iability company here:		
The now name must be distinguishable and end with the words "L.L.C."	imited Liability Company	," the designation "LLC" o	r the abbreviation
Enter new principal offices address, if applicable:		ے اسما مراجعہ میں مصنف استان میں مصنف استان میں میں میں میں میں استان میں اسٹریٹر کے میں میں میں میں میں میں می	1 5 T
(Principal office address MUST BE A STREET ADDRESS	")	727 î 3 - 7	. 🛱
4.		(J)	
Enter new mailing address, if applicable:			J. S. C.
(Mailing address MAY BE A POST OFFICE BOX)		- 1 gain - 1	2
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		r records, enter the na	une of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter	r Florida street address	
		. Florida	
	City		Code
New Designated Amentle Signature if showing Designated Age	ent•	•	

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 60\$ 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 = M MGRM =	anager Managing Member		
Title	<u>Namę</u>	Address	Type of Action
	¢		
			Add Remove
<u> </u>			T Dames
			AGE-
			Add Remove
			QQ NO NO NO NO NO NO NO NO NO NO
D. If amo	nding any other information, ente	er change(s) here: (Attach additional she	eets, if necessary.)
Dated	Rebruan XX	2014	

Page 2 of 2