L13000134196

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7050 W. Palmetto Park Rd., Suite 20 • Boca Raton, FL 33433 T 561-367-1623 • 1-844-864-7573 • F 561-571-6319 • www.hearagainamerica.com

6/1/2016

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To whom it may concern,

Company name – Hear Again, LLC Florida document number L13000134196 Event date filed - November 10, 2014.

Please find enclosed an article of amendment to articles of organization of Hear Again LLC.

Changes to be made:

Amending authorized persons authorized to manage:

Title - MGR - Raphael Weizman - Remove

Title - MGR- Robert G Morrison - Add

Regar/

vesident

COVER LETTER

Registration Section

TO:

| Division of Co | rporations | | |
|---|---|---|--|
| Hear Agai SUBJECT: | | | |
| SOBSECT: | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Asaf Peled | | |
| | | Name of Person | |
| | Hear Again, LLC | · | |
| | | Firm/Company | |
| | 7050 West Palmetto Park | rd #20 | |
| | | Address | |
| | Boca Raton, FL 33433 | | • |
| | | City/State and Zip Code | |
| | asaf@hearagainamerica.com | | |
| | E-mail address: (| to be used for future annual report notifi | ication) |
| For further information | concerning this matter, please ca | all: | |
| Asaf Peled | | 561 367-1623 | |
| Name o | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for t | the 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: | | STREET/COURI | |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| P.O. Box 6327 Tallahassee, FL 32314 | | Clifton Building | |
| | | 2661 Executive Center Circle | |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Hear Again, LLC | | |
|--|---|---|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on or Liability Company) | ur records.) |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L13000134196</u> . | were filed on 9/20/201 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designat | ion "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7050 West Palmetto P | |
| (Principal office address MUST BE A STREET ADDRESS) | Boca Raton, FL 3343 | 3 |
| Enter new mailing address, if applicable: | 7050 West Palmetto P | ark rd #20 |
| (Mailing address MAY BE A POST OFFICE BOX) | Boca Raton, FL 33433 | 3 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: | | |
| New Registered Office Address: | G G | · · · · · · · · · · · · · · · · · · · |
| | Enter Florida stre | eet address |
| | | , Florida Zip Code |
| | City | гір Соае |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agraprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my do provided for in Chapte address, I hereby con | uties, and I am familiar with and er 605, F.S. Or, if this document is afirm that the limited liability |
| lf Char | nging Registered Agent, Si | gnature of New Registered Agent |
| Page 1 | l of 3 | M segar |

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 |
|-------------------------------------|--|--|----------------|
| MGR | Raphael Weizman | 19400 Tumburry Way #2111 | |
| | | Aventura, FL 33180 | Remove |
| | | | □ Change |
| MGR | Robert G Morrison | 20796 Torre Del Lago St | ⊟ Add |
| | The term of the second of the | Estero, FL 33928 | Remove |
| | | والمستعدد والمستعد والمستعدد والمستع | ☐ Change |
| A Think of Albert | The second of th | and the state of t | □ Add |
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| D. ∙If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an el Note: | tive date, if other than the date of filing: 6/1/6 (optional) Rective 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 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| If the re (b) The | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed. |
| Dated | 1 |
| | Signature of a member or authorized representative of a member Asa T Peled |
| | Typed or printed name of signee |
| | |
| | Page 3 of 3 |

Filing Fee: \$25.00