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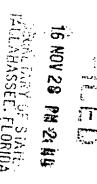
, (Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

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COVER LETTER

	ration Sec on of Corp		**	
	851 Hardin			
SUBJECT:			ited Liability Company	
The enclosed A	rticles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all	l correspor	dence concerning this matter	to the following:	
		Madeleine D. Longaray		
			Name of Person	
			Firm/Company	
8360 West Flagler St., Suite 203				
			Address	
		Miami, FL 33144		
			City/State and Zip Code	
		madeleine@longaray.com		
		E-mail address: (to be used for future annual report notifi	cation)
For further info	rmation co	ncerning this matter, please ca	all:	
Madeleine D. L			305 553-9801 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a ch	neck for the	e following amount:		
\$25.00 Filin	ng 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**

ed Liability Comp	pany as it now appears on our records.) Liability Company)	
(111 1011000 1511111100	Liability Company)	
ability Compan	y were filed on November 15, 2013	and assigned
owing:		
f the limited lia	bility company here:	
ords "Limited Liab	oility Company," the designation "LLC" or the	e abbreviation "L.L.C."
able:	N/A	
T ADDRESS)		
<u>BOX)</u>	N/A	
		er the name of the ne
		SE S
N/A		
N/A	F . Fl . 1	OR CO
	Enter riorida street adaress	
	, Florida	Zip Code
Registered Agent		гір Соае
	owing: f the limited lia ords "Limited Liab able: TADDRESS) bor registered of fice address he	the limited liability company here: Fords "Limited Liability Company," the designation "LLC" or the liable: N/A N/A N/A N/A Enter Florida street address

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	PAIONK, LTD	80 Main Street - P O Box 3200	= Add
		Road Town. Tortola VG 1110, BV	☐ Remove
			Change
AMBR	Habeco International, Ltd	80 Main Street - P O Box 3200	Add
		Road Town, Tortola VG1110, BVI	□ Remove
·			Change
			Add
·			Remove
<u></u>			Add Add Remove
		☐ Change	
			Add
			□ Remove
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an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affecte: If the date inserted in this block does not meet the applicable statutory filing requirements, the ocument's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	tional Pursu his date will no	anijo 60 ot be lis	05.020° sted as
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00