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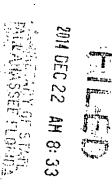
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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This Of 2015

COVER LETTER

TO: Registration Section
Division of Corporations

| 9020 BE | LLHURST WAY #110, | LLC | | | |
|-----------------------------|--|---|--|-----------------------|---------------|
| SUBJECT: | Name of Lim | 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: | | | |
| | Steven Adler | | | | |
| | | Name of Person | | | |
| | | Firm/Company | | | |
| | 9020 Bellhurst Way | #110 | | | |
| | | Address | | | |
| | West Palm Beach, I | FI 33411 | | | |
| | sralaw10@gmail.cor | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notifi- | cation) | | |
| For further information c | oncerning this matter, please c | all: | ф 'л. | 2014 | |
| Steven Adler | | 561 239-5201 | <u>.</u> | DEC 2 | in the second |
| Name o | f Person | Area Code Daytime | Telephone Number | 2 AH | |
| Enclosed is a check for the | he following amount: | | | ලිදුල් ලිදුල් ග | San Back |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Certificate of Certified Co (additional cop | of Status & | |
| | • | | | | |

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

Dis of Corporations
Po Box 6327

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9020 BELLHURST WAY #110, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| γ. | TT TOTAL EMILION | ing company) | | |
|--|---|---|--|---|
| The Articles of Organization for this Limited Lia Florida document number L14000005646 | bility Company we | re filed on <u>01/10/</u> | 2014 | and assigned |
| This amendment is submitted to amend the follow | wing: | | | |
| A. If amending name, enter the new name of t | the limited liabilit | y company here: | | |
| The new name must be distinguishable and end with the we | ords "Limited Liability | Company," the design | ation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | | · · · · · · · · · · · · · · · · · · · | |
| (Principal office address MUST BE A STREET | ADDRESS) | | | |
| | - | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/or registered agent and/or the new registered office. Name of New Registered Agent: | r registered offic ice address here: Steven Adler | | records, enter the | name of the new |
| New Registered Office Address: | 9020 Bellhurs | Way #110 Enter Florida str | | |
| | West Palm Be | | | 14 |
| | vvest Faiiii De | City | , Florida <u>3341</u> | Zip Code |
| New Registered Agent's Signature, if changing Re | egistered Agent: | · | | • |
| I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this can | r and complete pe ered agent as pro egistered office ad hange. | rformance of my d vided for in Chapt dress, Thereby cor | uties, and I am fam er 605, F.S. Or, if t | iliar with and his document is ed liability |

Page 1 of 3

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

MGR = Manager

| <u> Fitle</u> | <u>Name</u> | Address | Type of Action |
|---------------|-------------|--------------|---|
| | | | Add |
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| If amer | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| _ | |
| | ve date, if other than the date of filing: |
| Dated_ | 12/17/2014 |
| | |
| | Signature of a member or authorized representative of a member |
| | Steven Adler |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

