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PECIAL I	NSTRUCTIONS:		
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited I Florida document number L1400001108	Liability Comp		and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited l	liability company here:	
n/a			
The new name must be distinguishable and end with the	words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applie	cable:	n/a	
(Principal office address MUST BE A STREI	ET ADDRESS	2	
Enter new mailing address, if applicable:		n/a	
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and registered agent and/or the new registered o			FEB -3
New Registered Office Address:		Enter Florida street address	EF AH III
			美垣 o
		, Florida	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Espari 09 11 C

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 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 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

AMBR = Authorized Member Title Title Address Name Type of Action Mironel Segal c/o 301 W. Hallandale Bch. Blvd. **MGR** □ Add Hallandale Bch., FL 33009 Remove □ Add ☐ Remove ☐ Remove ☐ Add ☐ Remove □ Add □ Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(The effe	ive date, if other than the date of filing: cetive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after e this document is filed by the Florida Department of State)
Dated	January 31 / 2014
	Joshe alant 24
	Signature of a member or authorized representative of a member
	Leslie Alan Rozencwaig, Esq.
	Typed or printed name of signee

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