Division of Corporations

(H140000743753)

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(((H14000074375 3)))



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Division of Corporations

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From:

Account Name : DALIA ACCOUNTING SERVICE

Account Number : 120040000149 Phone : (561)478-1777

Fax Number : (561) 478-0567.

Enter the email address for this business entity to be used for futurer annual report mailings. Enter only one email address please.

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ARTICLES OF AMENDMENT (14140000143753) ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now appea	rs on our records.)
Value - Language	ited Liability Company as it now appea (A Florida Limited Liability Company)	
The Articles of Organization for this Limited	3/20/2014 and assigned	
Florida document number L14000046304		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company h	ere:
The new name must be distinguishable and end with th	e words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STREET ADDRESS)		SEC VIS
		PPR OF
		- 58
Enter new mailing address, if applicable:		3 2900
(Mailing address MAY BE A POST OFFICE BOX)		5 33
		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter the name of the ne</u>
Name of New Registered Agent:	JOEL ISASI	
New Registered Office Address:	3933 SERUBI AVE	
The state of the s	Enter Flor	rida street address
	LAKE WORTH	, Florida <u>33461</u>
	City	Zip Code

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 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

Page 1 of 3

MGR = Manager

個003/00

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:

AMBR = Authorized Member Title Name Address 4 1 **Type of Action** YOEL ISASI 3933 SERUBI AVE **MGRM** □ Add LAKE WORTH, FL 33461 **JOEL ISASI** 3933 SERUBI AVE **MGRM** LAKE WORTH, FL 33461 _□ Remove □ Add ☐ Remove □ Add □ Remove

04/01/2014 10:49 FAX 561478056	7 DALIA ACCOUNTING		_ 2 004/004
D. If amending any other information	n, enter change(s) here: (Attach ac	dditional sheets, if necessary.)	3753)
			-
			_
			_
			-
E. Effective date, if other than the da (The effective date must be specific, cannot be the date this document is filed by the Florid	e prior to date of receipt or filed date and car	(optional) nnot be more than 90 days after	-
Dated APRIL 01	<u>2014</u> .		
+	-		
JOEL ISASI	nature of a member or authorized represent	ative of a member	
	Typed or printed name of sign	ee	

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