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2 014 MAY 2 1 2014

## **COVER LETTER**

SUBJECT:	Regulatory Name of Limi	, LLC	
	Name of Limit	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subr	mitted for filing.	
Please return all corres	pondence concerning this matter t	to the following:	
		C	
	Mich	helle Facciola Name of Person	\
		Name of Person	
	/^	Regulatory	
		J Firm/Company	_
	1060	Holland DR.	Ste G
		Address	
	BOCA	RATON FL 3348 City/State and Zip Code	`7
	Michelle	@ / regula tory, co,	m
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information	n concerning this matter, please ca	all:	
Michelle	Facciola	at (561) 989 0 Area Code Daytime	488
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	r 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:

Registration Section Division of Corporations

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IREGULATORY, LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on MARCH 27 2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new Idress here:
Name of New Registered Agent:	And
New Registered Office Address:	Service Control of the Control of th
	Enter Florida street address Florida
	City Sip Code

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.

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

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 = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Naeem Mady	1060 Holland DR STEG BOCA RATON, FL 33487	□ Add·
		BOCA RATON, FL 33487	Remove
			□ Add
			□ Remove
			🗆 Add
			Remove
			Add
		An A	Remove
		غير لرد: دري	
			□ Add □ Remove

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date this do	ocument is filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
date this do		(optional) ed date and cannot be more than 90 days after
	ocument is filed by the Florida Department of State)	: Pa

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