Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000154670 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this: page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

Fax Number

1 (561)694-1639

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 399 HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

T. Buren JUN 3.0. 2015

H14000154670

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

399 Holdings LLC		
(Name of the Limited Lability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L14000058552</u>	mpany were filed on 04/09/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	<u>त्वं liability company here</u> :	•
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		三月 7
(Principal office address MUST BE A STREET ADDRE	<u></u>	The contract of the contract o
		- 3 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		05 E
B. If amending the registered agent and/or registered agent and/or the new registered office addre		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
	Clay	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

H14000154670 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 Type of Action <u>Address</u> <u>Title</u> Name 4855 TECHNOLOGY WAY, STE 550 Claire D Collins **AMBR** BOCA RATON, FL 33431 Remove □ Add □ Remove Remove FLORIDS Add 4. __ Remove _□ Add _□ Remove _D Add

___ 🗀 Remové

		
<u> </u>		
		
ective date, if other than the da	ate of filing:(options	-
effective date must be specific, cannot i	be prior to date of receipt or filed date and cannot be more than 90 days after)
date this document is filed by the Fluric	be prior to date of receipt or filed date and cannot be more than 90 days after)
effective date must be specific, cannot i	be prior to date of receipt or filed date and cannot be more than 90 days after in Department of State)	
effective date must be specific, cannot to date this document is filed by the Florid bed June 27th	be prior to date of receipt or filed date and cannot be more than 90 days after in Department of State))
effective date must be specific, cannot to date this document is filed by the Florid bed June 27th	be prior to date of receipt or filed date and cannot be more than 90 days after to Department of Sease) 2014)

Page 3 of 3

Filing Fee: \$25.00