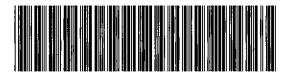
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| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporation | | ₩ | No. 1975 |
|--|---|---|--|
| SUBJECT: | CELINE | LLC. | |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of An | nendment and fee(s) are sub | mitted for filing. | |
| Please return all corresponde | ence concerning this matter | to the following: | |
| • | CA | MPO ANETA | |
| | | Name of Person | |
| | Ci | ELINE LLC | |
| | | Firm/Company | |
| | 301 YA | MATO ROAD | SUITE 1240 |
| | | Address | |
| | BOCA RA | TON FL 384 City/State and Zip Code | 31 |
| - | | COACHUMOUSING o be used for future annual report notific | |
| For further information conc | erning this matter, please ca | ıtt: | |
| CA-MPO Name of Po | ANETA | at (<u>561</u>) <u>548</u> Area Code Daytime | -03-01 |
| Name of PC | rson | Area Code Daytime | Telephone Number |
| Enclosed is a check for the f | ollowing 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 P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

TO ARTICLES OF ORGANIZATION OF

FILED . 2014 DEC 24 PM 1: 45

CelineLLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

| The Articles of Organization for this Limited Lial | bility Company were filed on APRIL 11, 2014 and assigned |
|---|--|
| Florida document number <u>L 14 00060</u> | |
| This amendment is submitted to amend the follow | ving: |
| A. If amending name, enter the new name of t | he limited liability company here: |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applical | ble: |
| (Principal office address MUST BE A STREET | ADDRESS) |
| | |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE B | <u>OX)</u> |
| | |
| B. If amending the registered agent and/or registered agent and/or the new registered officers. | r registered office address on our records, enter the name of the new ce address here: |
| Name of New Registered Agent: | · · · · · · · · · · · · · · · · · · · |
| New Registered Office Address: | 301 YAMATO ROAD SUITE 1240 Enter Florida street address |
| | BOCA RATON, Florida 33431 |
| | Cuv ZiD Colle |

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

. Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action** <u>Address</u> Title **Name** □ Add __ Remove _ Add _□ Remove □ Add ☐ Remove ☐ Add □ Remove _□ Add _□ Remove _□ Add □ Remove

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Page 3 of 3

Filing Fee: \$25.00

