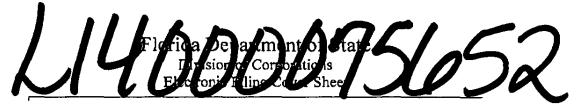
Division of Corporations

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(((H16000152219 3)))



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To:

Division of Corporations

(850) 617-6383

From:

: GREENSPOON MARDER, P.A. Account Name

Account Number: 076064003722 Phone : (888)491-1120 Fax Number : (954)343-6962

**Enter the email address for this business entity to be used for future.

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H16000152219 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RESTLESS SO			
(Name of the Limited L	ty as it now appe liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on _	May 8, 2014	and assigned
Florida document number L14000075652			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liable	lity company)	<u>iere</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company " the	designation "I I C" as	she abbrevitain MI I C V
	ку Сипрану, те	designation LLC of	the acordynation L.L.C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
	-	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			in
•			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		n our records, <u>e</u>	
registered agent and/or the new registered office address nere	,		
N 632 B () 14			
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		·	
	orida street address		
		, Florid	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office campany has been notified in writing of this change.	performance o provided for in	f my duties, and I Chapter 605, F.S.	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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H 16000 15 22 19 3
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Manager	Jason Donnenfeld	18169 Biscayne Blvd.	□ Add
		Aventura, FL 33160	■ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			D Add
			Remove
			Change 22
			□ Change □
		-	Add
			□ Remove
			Change
			D Add
			□ Remove
			Change

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				圣书 皇
				22
				प्रभू
fective date, if other than the date in effective date is listed, the date must be sote: If the date inserted in this block comment's effective date on the Depart	pecific and cannot be oes not meet the a	pplicable statutor	g or more than 90 days at	otional) fler filing.) Pursuant to 605.020 this date will not be listed a
record specifies a delayed eff The 90th day after the record	ective date, bu is filed.	t not an effe ct	tive time, at 12:0:	1 a.m. on the earlier o
ated June 20	2016	·		•
		<u>.</u> 7)	BON	

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