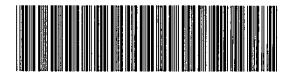
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SECRETARY.OF STATE FALLAHASSEE, FLORIDA 2015 AUG 14 AM 11 · 3

K. SALY EXAMINER AUG 18 2015

## **COVER LETTER**

		HOLDING LLC		
SUBJECT:		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	umendment and fec(s) are subn	nitted for filing.	
Please return	all correspor	dence concerning this matter to	o the following:	
		CRISTIANA S. BAAS, CP	A	
			Name of Person	<del></del>
		GLOBAL TAX AND ACC	COUNTING	
			Firm/Company	<u>, ,,</u> _
		5300 W HILLSBORO BLV	VD STE 217	
			Address	
		COCONUT CREEK, FL 33	3073	
			City/State and Zip Code	
		CCASAPAVA@GTATAX.		
		E-mail address: (t	o be used for future annual report notific	ation)
For further i	nformation co	ncerning this matter, please ca	ill:	
CRISTIAN	A S. BAAS		954 421-7300 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	c following amount:		
<b>■</b> \$25.00 I	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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL	-ED
2015 AUG 14	-0
SECRET.	AMII: 3

STABILITY HOLDING LLC

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

			L. FLORIDA
The Articles of Organization for this Limited I	Liability Company w	ere filed on	and assigned
lorida document number L14000103000			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:		5300 W HILLSBORO I	BLVD STE 217
Mailing address MAY BE A POST OFFICE	E BOX)	COCONUT CREEK, FL 33073	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	office address here:	ce address on our r	
New Registered Office Address: 5300 W HILI		ORO BLVD STE 217	
	<del></del>	Enter Florida stree	t address
			22.022
	COCONUT CRE	EK	, Florida <u>33073</u>

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

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 '		FILED			
<u>Title</u>	<u>Name</u>	Address	FILED 2015 AUG 14 AMII: 42	Type of Action	
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ffective date, if other than an effective date is listed, the date	must be specific and cannot be	prior to date of filing or mo	re than 90 days after filing.)	Pursuant to 605.0207
Note: If the date inserted in this locument's effective date on the	i block does not meet the ap e Department of State's reco	oplicable statutory filing ords.	requirements, this date	will not be listed as
	-			
e record specifies a dela	yed effective date, but	t not an effective ti	me, at 12:01 a.m.	on the earlier of
The 90th day after the	record is filed.			
Dated	2015			
Zaixi	, ,,	·		
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Page 3 of 3

Filing Fee: \$25.00