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COVER LETTER

| TO: Registration Section Division of Corpor | | | | |
|---|---|---|---|---------------|
| SUBJECT: | Business Numeral limit | Brokers LL ted Liability Company | <u>C</u> | |
| | Name of Line | ted Elability Company | | |
| The enclosed Articles of Art | nendment and fee(s) are subr | nitted for filing. | | |
| Please return all corresponde | ence concerning this matter t | to the following: | | |
| | Diana | | | |
| | | Name of Person | r 1 | 3 7 |
| | | - Framess 2 | rategyor | PBUC, |
| | | Firm/Company | 9, | 7 |
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| | We | eston, Ft 3 | 3327 | |
| | diano | City/State and Zip Code Code | Mail Com | |
| For further information cond | cerning this matter, please ca | _ | , | |
| Diana Name of P | Espin0 | at (954) 87 | ime Telephone Number | |
| Name of 1 | erson | Area coac Pays | The receptance realises | |
| Enclosed is a check for 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 I Certificate of Certified Cop (additional copy | Status & Y |

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

| (Name of the Limited Liability Compa- (A Florida Limited L | ny as it now appears on our | records.) |
|---|-------------------------------|--|
| The Articles of Organization for this Limited Liability Company Florida document number 1400107620. | _ / | 2014 and assigned |
| This amendment is submitted to amend the following: | | e-a, |
| A. If amending name, enter the new name of the limited liabi | ility company here: | 7 20 7 |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation | n "LLC" or the abbreviation "L.L.G." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | 11:2 |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | ecords, <u>enter the name of the nev</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street | address |
| <u></u> | | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my dut | ies, and I am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

| | anager uthorized Member | | |
|--------------|----------------------------|-------------------------------------|-------------------|
| <u>Title</u> | Name | Address | Type of Action |
| AMBR | Johnston, Stephanie | 1976 Cygnus Of Waston, Fol 33327 | C Add |
| | | Weston, 17 33327 | \ Remove |
| | | | Change |
| MGR: | Diana M. Espino | 1976 Cygnus Ct Weston Fl 33327 | DRAdd |
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| rective date, if other than the date of filing: | | سالہ : سوما |
| Signature of a member or authorized representative of a member [coptional] [copti | | |
| Fective date, if other than the date of filing: In effective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 totals: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed cument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member | | |
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| Signature of a member or authorized representative of a member | an effective time, at 12:01 a.m. on the earlier | er o |
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| | rizal representative of a member | |
| D'ava M. Espino Typed or printed name of signee | | |

Page 3 of 3

Filing Fee: \$25.00