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COVER LETTER

| Division of Corporations | | |
|--|---|---|
| SUBJECT: Name of Lin | mited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are suf- | bmitted for filing. | |
| Please return all correspondence concerning this matter | r to the following: | |
| Ameli | a Alvarez | |
| Art C | onnection | |
| 2860 C | enter Port C | ircle |
| <u>Pompana</u> | Deach Fl 33 | 3064 |
| accounting 12-mail address: | y as + connection we used for future annual report not | OUSA.COM |
| For further information concerning this matter, please of | | |
| Amelia Alvarez | at (954) 977 Area Code Daytim | 7_8177 |
| isame of reison | Area Code Dayum | e Tetephone Number |
| Enclosed is a check for the following amount: | | |
| \$25.00 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32 | n ations mer Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| NLS 1)5A 110 | 7 | | |
|---|---|--------------------------|---------------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | iny as it now appear: Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14.000 127.344</u> | were filed on(| 08/13/201 | 4_ and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company he | <u>re</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the de | signation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | ALL: |
| | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Enter new mailing address, if applicable: | | | SET. |
| (Mailing address MAY BE A POST OFFICE BON) | | | 77 00 |
| | | | 52 |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | ffice address on <u>c</u> : | our records, enter | the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flori | da street address | |
| | | , Florida | - |
| New Registered Agent's Signature, if changing Registered Agent: | Cuy | | Zip Code |
| hereby accept the appointment as registered agent and agra | and the state of | and the A.C. water | |
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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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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