

LY 000167152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

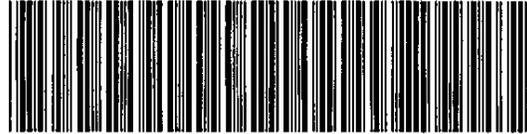
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers DEC 04 2014



**TO  
ARTICLES OF ORGANIZATION  
OF**

Aperture, LLC

(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 Liability Company were filed on 10/27/2014 and assigned  
Florida document number L14000167152.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

114 Nelson Avenue

Harrison, NY 10528

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

114 Nelson Avenue

Harrison, NY 10528

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: REGISTERED AGENTS INC

New Registered Office Address: 3030 N. Rocky Point Drive, STE 150A

*Enter Florida street address*

Tampa, Florida

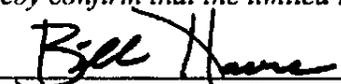
*City*

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TALLAHASSEE, FLORIDA

33607  
*Zip Code*

**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony Louie	8036 Bridgestone Drive	<input type="checkbox"/> Add
		Orlando, FL 32835	<input checked="" type="checkbox"/> Remove
MGR	Anthony Louie	114 Nelson Avenue	<input checked="" type="checkbox"/> Add
		Harrison, NY 10528	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 18, 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Anthony Louie**

\_\_\_\_\_  
Typed or printed name of signee

**Page 3 of 3**

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