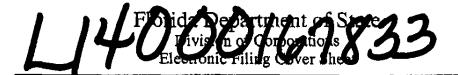
Division of Corporations

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Division of Corporations

Fax Number : (850)617-6383 TOP

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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Rmail Address:\_\_\_\_

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1.1

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com (A Florida Limited)	LC  Dany as It now appears on our records.)  Id Liability Company)		
The Articles of Organization for this Limited Liability Comparing document number L14000167833	ny were fi)ed on 10/28/2014	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited H	ability company here:		
The new name must be distinguishable and contain the words. "Limited Lie	ability Company," the designation "LLC" or th		
Enter new principal offices address, if applicable:		Sie Sie	П
(Principal office address MUST BE A STREET ADDRESS)		£ 2	
		CG	Π
		COKEOFAI	<sup>™</sup> خ
Enter new mailing address, if applicable:		- Ξ ω	
Mailing address MAY BE A POST OFFICE BOX)		39	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>en</u> ere:	ter the name of the new	Ā
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address		
	, Florida	· · · · · · · · · · · · · · · · · · ·	
<del></del>	City	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

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>	Name	Address	Type of Action
MGRM	RUDG, LLE	315 S. BISCAYNE BLVD.	D Add
		MIAMI, FL 33131	■ Remove
			Change
MGR	JMP, LLC	315.S. BISCAYNE BLVD.	56A <b>≅</b>
		MIAMI, FL 33131	□ Remove
			Change
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			D Change

D: If amending	any other information, enter	er change(s) here: (Attach additional sheets, if necessary.)	
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Nate: If the c	te, if other than the date of fi ate is listed, the date must be specific date inserted in this block does n ffective date on the Department	filing:(optional) To and cannot be prior to date of filing or more than 90 days after filing.) Pursuant meet the applicable statutory filing requirements, this date will not tof State's records.	nt to 605,0207 (3Xb) t be listed as the
If the record's (b) The 90th	pecifies a delayed effectiv day after the record is fil	ive date, but not an effective time, at 12:01 a.m. on the iled.	e earlier of:
Dated	October 20	,	
	Signature	of a member or approvised representative of a member	<del></del>
	Jeffery Ho	oyos ·	
<del></del>		Typed or printed name of signes	<del></del>

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