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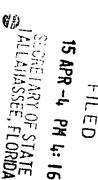
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COVER LETTER

TO: Registration Se Division of Cor) <u>f</u>
SUBJECT:	ROAGLAS Name of Lim	ited Liability Company	
The analoged Articles of	Amondment and fac(s) are sub	mitted for films	
	Amendment and fee(s) are sub	-	
Please return all correspo	ndence concerning this matter	to the following:	
	Charles	BHernicz,	Esq.
	Harric	2 Lesey Servi	cos, PC
	15850	Address Creek	Rd
	<u> Well'</u>	City/Stape and Zip Code	33414
	E-mail address: (to be used for future annual report notific	ation) 81. com
For further information co	oncerning this matter, please ca	all:	
Charles & Name of	Hernicz Person	at (<u>56</u>) 753- Area Code Daytime T	751) Telephone Number
Enclosed is a check for the	e 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 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

ARQAGLA	SS, LLC
(Name of the Limited Liability Compai (A Florida Limited L	iy as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number \(\sum_1 \) \(\sum_0 0000 \) \(\sum_9 \) \(\sum_6 \)	were filed on 1 6 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liabi	
Enter new principal offices address, if applicable:	2300 NW Corporate Blvd, S. Apr 113
(Principal office address MUST BE A STREET ADDRESS)	Boca Ratin, FL 33431
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2300 NW Corporche Blud, Svik 115 Boca Roton, FL 33431:
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	FIGURE 1
New Registered Office Address:	Enter Florida street address
	, Florida
N. Barta da Gora de Company	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Juan F Yoshikay	2871 Bangan Blud Gr. NI	V ⊠Add
	V	Boca Roston, FL 3343)	□ Remove
			Add
			□ Remove
			□ Add
		·	Remove
			□ Add
			□ Remove
			Add
			☐ Remove
			Remove

D. Ham	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	Add FEIN - 47-2902786
•	
	11 11 11 11 11 11 11 11 11 11 11 11 11
E. Effect	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
the da	te this document is filed by the Florida Department of State)
	March 30 7015
Dated	1 landh 30 , 7015 .
	() Soll by Sound A ()
	Signature of a member or authorized representative of a member
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00