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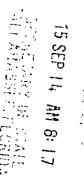
| (Re                     | equestor's Name)  |             |
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| PICK-UP                 | ☐ WAIT            | MAIL.       |
| (Bu                     | siness Entity Na  | me)         |
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| Certified Copies        | _ Certificate:    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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## **COVER LETTER**

| TO:    | Registration Se<br>Division of Cor | ction<br>porations                           |  | :   |
|--------|------------------------------------|--|--|---|
| OUDI   | n com                              |  | N LLC  |   |
| SUBJI  | EC1:                               |  | ited Liability Company   | <u> </u>  |
| The en | closed Articles of                 | Amendment and fec(s) are sub                 | mitted for filing.   |   |
| Please | return all correspo                | ndence concerning this matter                | to the following:  |   |
|        |                                    | D  | DANIEL A CASSIN  |   |
|        |                                    |  | Name of Person   | ompany  ng.  ng:  ASSIN  f Person  C  ompany  VOOD BLVD  fress  FLORIDA 33020  nd Zip Code  JNTI NG.COM  future annual report notification)  Daytime Telephone Number  Filing Fee & |
|        |                                    |  | LIMON LLC  |   |
|        |                                    |  | Firm/Company   |   |
|        |                                    | 23   | LIMON LLC  Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  Indiment and fee(s) are su |   |
|        |                                    |  | Address  |   |
|        |                                    | НО   | DLLYWOOD FLORIDA 33020   |   |
|        |                                    |  | City/State and Zip Code  |   |
|        |                                    | _  |  |   |
| For fu | rther information c                | n-mail address: (i                           | ·  | cation)   |
|        | MARTA E JAC                        | COFSKY                                       | at (   |   |
|        | Name o                             | f Person                                     | Area Code Daytime  | Telephone Number  |
| Enclos | sed is a check for th              | ne following amount:                         |  |   |
| \$2    | 5.00 Filing Fee                    | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy   | Certificate of Status & Certified Copy  |

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

| LIMNON LLC   |  |                             |
|--|--|-----------------------------|
| ( <u>Name of the Limited Liability Compa</u><br>(A Florida Limited I       | ny as it now appears on our records.) Liability Company) |                             |
| The Articles of Organization for this Limited Liability Company            | were filed on 01/27/2015                                 | and assigned                |
| Florida document number L15000016421                                       |  |                             |
| This amendment is submitted to amend the following:                        |  |                             |
| A. If amending name, enter the new name of the limited liab                | ility company here:                                      |                             |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" o                    | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                        |  |                             |
| (Principal office address MUST BE A STREET ADDRESS)                        |  |                             |
|  |  |                             |
| T) (   |  |                             |
| Enter new mailing address, if applicable:                                  |  | <u> </u>                    |
| (Mailing address MAY BE A POST OFFICE BOX)                                 | <del></del>  |                             |
|  |  |                             |
| B. If amending the registered agent and/or registered of                   | ffice address on our records.                            | enter the name of the nev   |
| registered agent and/or the new registered office address her              |  | 20 S                        |
|  |  |                             |
| Name of New Registered Agent:  |  | GA F                        |
| New Registered Office Address:   |  |                             |
| New Registered Office Address.   | Enter Florida street address                             |                             |
|  | . Flori  | da Z                        |
|  | 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> | <u>Name</u>            | Address  | Type of Action |
|--------------|------------------------|--|----------------|
| MGR          | DANIEL A CASSIN        | 2320 HOLLYWOOD BLVD  | □ Add          |
|              |                        | HOLLYWOOD FLORIDA 33020  | ■ Remove       |
|              |                        |  | Change         |
| MGR          | JW MANAGEMENT VENTURES | 345 NE 194TH LANE  | <b>\</b> Add   |
|              |                        | MIAMI FLORIDA 33179  | ☐ Remove       |
|              |                        |  | Change         |
|              |                        | The state of the s | Add            |
|              |                        | · · · · · · · · · · · · · · · · · · ·  | □ Remove       |
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| ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to dote: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records. |  |             |
| e record specifies a delayed effective date, but not a<br>The 90th day after the record is filed.  | n effective time, at 12:01 a.m. on the   | e earlier o |
| SEPTEMBER 9 2015   | <u>~</u>   |             |
| nouse  | M  |             |
|  |  |             |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00