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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN A & R LUXURY INTERIORS, LLC

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| 03      |
| \$25.00 |
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FILED

2015 MAR 25 AM 10: 59

SECRETARY OF STATE
FALLAHASSEE, FLORIO 4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A & R LUXURY INTERIORS, LLC  |  |                         |                          |
|--|--|-------------------------|--------------------------|
| (Name of the Limited Lability (A Florida L.  | Company sait now appears imited Liability Company) | on our records.)        |                          |
| The Articles of Organization for this Limited Liability Con<br>Florida document number <u>L15000030733</u>   | npany were filed on                                | 2-19-15                 | and assigned             |
| This amendment is submitted to smend the following:  |  |                         |                          |
| A. If amending name, enter the new name of the limite  | d liability company her                            | <b>Z:</b>               |                          |
| The new name ment be distinguishable and end with the words "Limit   | ed Liability Company," the d                       | exignation "LLC" of the | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |  |                         |                          |
| (Principal office address MUST BE A STREET ADDRE   |  |                         |                          |
| Enter new mailing address, if applicables  |  |                         |                          |
| (Mailling address MAY BE A POST OFFICE BOX)  |  |                         |                          |
| B. If amending the registered agent and/or registered affice address   |  | our records, <u>ent</u> | er the name of the ne    |
| Name of New Registered Agent:  |  |                         |                          |
| New Registered Cillion Address:  | . Enter Flori                                      | do serves address       |                          |
|  |  | . Florida               |                          |
| ) Constitution of the Cons | Con  |                         | Im Code                  |

New Renistered Agent's Signature, if changing Registered Agenti

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 60S, F.S. Or, if this document is being filed to merely reflect a change in the registered affice 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

Page 1 of 3

If smending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Anthorized Member

| Tille | Name                | Address          | Type of Action           |
|-------|---------------------|------------------|--------------------------|
| MGR   | Rolando A Fernandez | 4150 SW 137 CT   | □ Add                    |
|       | . •                 | MIAM! , FL 33175 | ■ Remove                 |
| AMBR  | Rolando A Fernandez | 4150 SW 137 CT   | Add                      |
|       |                     | MIAMI, FL 33175  |                          |
|       |                     |                  |                          |
| I     |                     |                  | DAdd DDS HAR 25 AM D. 59 |
|       | ,                   |                  | Add Por S                |
|       |                     |                  |                          |
|       |                     |                  | C Remove                 |
|       |                     |                  | □ Add                    |
|       |                     |                  | C) Remove                |

| D, | If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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|    |  |
| E. | Effective date, if other than the date of filing: (The effective date must be specific, control be prior to date of receipt or filed date and cannot be more than 90 days after the directhic document as filed by the Florida Department of State)  |
|    | Dated  |
|    | Signature of a member or authorized representative of a member   |
|    | Rolando A Fernandez  |
|    | Typed At priored partie of signer  |

Page 3 of 3

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