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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : WESTON CORPORATE ADMINISTRATION, LLC

Account Number : I20090000072

Phone Fax Number

: (954)356-2905 : (954)337-8346

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 Motch 18, 20 Florida document number 4150005 1696.	15 and assigned
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	c abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	· NE S
	<b>全部 盖</b> ①
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	SET O
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> راع سبر (</u>
	<u> </u>
	कार क
B. If amending the registered agent and/or registered office address on our records, enteregistered agent and/or the new registered office address here:	r the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Market MGR = Au	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	M.R. Sun Management uc.5	enes 2 2225 N. Commerce Physy 20148 4, Weston fl 33826	_ ₩ Add
			Remove
M62	Carmelo O.Moraco	1935 NE Miami Gardens arc North Miami Beach, fl 33170	#373 ***********************************
			O Remove
		`	
			Remove
<u>AMBR</u>	Monaco Michele C	•	Add
		1835 NE MIAMI Gordons #373 North MIAMI beach, \$1 33179	
<u>Ambr</u>	Monaco Silvana A	<u> </u>	
<u> </u>	THOREWS STIVENING AT	1835 NE Miami Gardens #37 North Miami beach, £13317	Add 3 ?_ <b>X</b> (Remove
			2015 HA
			2015 HAR 30 OVA AM

Effective date, if other than the date of filing:	(optional)
he effective date must be specific, cannot be prior to date of receipt or filed date and	cannot be more than 90 days after
The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)  Dated	
he effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)  Dated	

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