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Division of Corporations

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: (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

JBEDZOW@CEIBAGROUPE.COM

Account Number : I2001000002S Phone : (786)899-2235 Fax Number : (305)935-9042

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

SEGRETARY OF STATE LLAHASSEE, FLORIDA

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No. 0113	Ρ.	2/4	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H16000297316 3)))

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000054676	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 contain the words "Limited Liabili	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		DEC -5
Enter new mailing address, if applicable:		e n
(Mailing address MAY BE A POST OFFICE BOX)		9: 25
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zīz Code
New Registered Agent's Signature, if changing Registered Agent:	City	zy ome
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I a provided for in Chapter 605, F.S. C	n familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Dec.	5.	2016_	3:	38PM
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No. <u>0113</u> P. 3/4

If amending Authorized Person	n(s) authorized to manage	e, enter the title, nan	ne, and address of ea	ch person	being added
or removed from our records:					

MGR= N AMBR= A	Ianager Authorized Member	(((H16000297316 3)))	
Title	Name	Address	Type of Action	
MGR	ADAM BEDZOW	621 S. Federal Highway, Suite #5	⊟ Add	
		Fort Lauderdale, FL 33301	☐ Remove	
			□ Change	
			Remove	
			Change	
			16 Adel TILL Add Of Articladd	
	,		Change U	
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			☐ Remove	
			☐ Change	

Dec. 5. 2016_ 3:39PM	No. 0113	P. 4/4	
D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.) (((H160	000297316	3))
			
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	OF GURPE	-5 T	
	TRPC PARTIES	D 9: 25	
		-	
F. Reference data if other than the data of Glings.	nal)	-	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after find Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this of document's effective date on the Department of State's records.	ling.) Pursuant to 60 date will not be lis	ios.o207 (3)(b) isted as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a. (b) The 90th day after the record is filed.	m. on the ear	tier of:	
Dated December 2 . 2016 . Signature of a member or authorized representative of a member			
GARY A. KORN, ESQ., Authorized Agent			
Typed or printed name of signee			

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