6/18/2019

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Division of Corporations	<u>.</u>
	Fax Number : (850)617-6383	
From:		<u>-</u> .
FI UII.	Account Name : C T CORPORATION SYSTEM	7
	Account Number : FCA000000023	• •
	Phone : (614)280-3338 Fax Number : (954)208-0845	
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JUN 19 2019 Help

Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ted Liability Company as it now appears on our (A Florida Lumied Liability Company)	records.)
The Articles of Organization for this Limited I Florida document number <u>L15000084799</u>	Liability Company were filed on 05/13/2015	and assigned
This amendment is submitted to amend the fol	lowing:	~ ≥.
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	"LLC" or the abbreviation; L.L.C.
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE.		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and registered agent and/or the new registered of		ecords, enter the name of the ne
Name of New Registered Agent:	C: F Corporation System	
New Registered Office Address:	1200 South Pine Island Road	
	Enter Floridastreet	address
	Plantation	, Florida <u>33324</u>
	City	ZipCode

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.

Cardell Rankin, Asst. Secretary
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

Title	Name	Address	Type of Action
MGR	Robert G. Rooney	601 Brickell Key Suite 1000 Miami, FL 33131	Add
			☐ Remove
			Change
MGR	Theresa K. Mohan	601 Brickell Key Suite 1000 Miami, FL 33131	Add
			Remove
MGR	Recai Hasen Ikbal		CO D Add
		950 Brickell Bay Dr. #3704 Miami, FL 33131	22 Remove
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Dated June 1	2	·····	2019	·					
	Theresa								
	••	Signatur	e of a member o	r authorized re	presentative of a	member			

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Filing Fee: \$25.00