Florida Department of State Division of Convorations Electronic Phing 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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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NIGHTS, LLC		
(Name of the Liv	(A Florida Lim	omeany as it now appears on our re- nited Liability Company)	cords.)
The Articles of Organization for this Limited	Liability Comp	pany were filed on 07/01/2015	and assigned
Florida document number L15000113534	,		· —· —· — — — — — — — — — — — — — — — —
This amendment is submitted to amend the fo	llowing:		
A. If smeading name, enter the new name	of the limited	liability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited I	Liability Company," the designation "	LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if appli	icable:	N/A	
(Principal office address MUST BE A STRE	ET ADDRESS	5)	<u> </u>
			22
Enter new mailing address, if applicable:		N/A	The second second
<u>(Malling address MAY BE A POST OFFICE</u>	BOX)	·	<u> </u>
			13x ·
B. If amending the registered agent and registered agent and/or the new registered of			ords, enter the name of the new
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		•
The state of the s		Enter Florida street ada	lress
•	N/A		Floridà
		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 Title Name Address Type of Action 41 W 72ND ST, APT 12A, NEW YOLK, NY 10023 ERNESTO A. RANGEL MGR ☐ Remove ☐ Change DbA □ □ Remove Change ,□ Add □ Remove Change PRemove 2015 Change TASS TASS □ Add Removers On Change □ Add

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