10/5/2017

Floriga Department of State

Division of Corporations

Electronic Wing Coxer Sheet

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To:

Division of Corporations

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From:

Account Name : WARD, DAMON & POSNER, P.A.

Account Number : 072262000447

: (561)842-3000

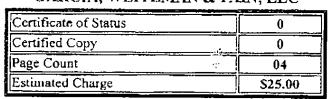
Phone Fax Number

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

Email Address: JOLEOBENNETT@GMAIL.COM

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Corporate Filing Menu

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D. SCOTT OCT 6 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garcia, Weitzman, & Fain, LLC		
(Name of the Limited Lability Compa (A Florida Limited l	ny as it new appears on our recordiability Company)	<u>1s.)</u>
The Articles of Organization for this Limited Liability Company	were filed on 07/20/2015	and assigned
Florida document number L15000125420		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	Indical Lability Company as it now appears on our records. (A Florida Limited Liability Company) d Liability Company were filed on 07/20/2015 and assigned following: ne of the limited liability company here: the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." splicable: REET ADDRESS) : ICE BOX) and/or registered office address on our records, enter the name of the new ed office address here: Enter Florida street address Florida	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		20
The address if any line block		٠ م
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
(Summy duaress MAT DE ATTAM OF THE EXTEN		588
		TILE D. D
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our recor re:	ds, enter the name of the new
registered agent andror the new register to other nast to		सिंह भू
Name of New Registered Agent:		<i>y</i>
New Registered Office Address:		
	Enter Florida street addr	**S\$
		Florida
	City	Σφ 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

Tit <u>le</u>	Name	Address	Type of Action
mgr	Barbara Weitzman	871 NW 85 Terrace #1708	
		Plantation, FL 33324	≅ Remove
			□ Change
MGR	Victoria Kapras	8939 SW 21 Court #F	
•——•		Boca Raton, FL 37433	■ Remove
			□ Change
MGR	Manuel Garcia, Ir	8939 SW 21 Court #f	
		Boca Raton, FL 33433	■ Remove
			Change
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cument	t's effective date on the Department of State's records.	
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Trie 5	oth day after the record is med.	
4	OCTOBER 5TH 2017	
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	Barbara Hat ma	an and an analysis of the second
*	Signature of a member of authorized representation	nlative of a member
	Barbara Weitzm Typed or printed parage Al sig	
	Machara Wellam	22.77

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