201286 Nov. 17. 2015

Florida Department of State

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(((H15000274748 3)))



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LP/LLLP AMENDMENT/RESTATEMENT/CORRECTIONS FLUFFD UP IN INDUSTRIES LLC

Certificate of Status	0
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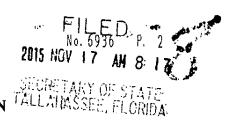
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11/17/2015

N. Ouffleason MOV I R DOGE Nov. 17. 2015 2:26PM

* H15000274748 3 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Zip Code

FLUFFD UP IN INDUSTRIES LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Inbility Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000128688</u>	were filed on 07/28/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
FLUFFD UP INDUSTRIES, LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2331 S. UNIVERSITY DRIVE
(Principal office address MUST BE A STREET ADDRESS)	DAVIE, FL 33324
Enter new mailing address, if applicable:	2331 S. UNIVERSITY DRIVE
(Mailing address MAY BE A POST OFFICE BOX)	DAVIE, FL 33324
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on our records, enter the name of the new Enter Florida street address
	T) . I .

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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No. 6936 P. 3

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	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOSE BARRIOS	4161 SW 84 TERRACE	
		DAVIE, FL 33328	□ Remove
	•		□ Change
			Add
			□ Remove
	,		Change
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			Change

Nov. 17.). If ame n		- " '	H15000274748 3 on, enter change(s) here: (Attach additional sheets, if n	No. 6936 necessary.)	Р.	4
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(If an effective Note: If	tive date is the date	inserted in this bloc	e specific and cannot be prior to date of filing or more than 90 days at k does not meet the applicable statutory filing requirements, that artiment of State's records.	otional) Acr filing.) Pursuant to this date will not be	605.0 listed	207 (3)(b) as the
the reco) The 9	ord spec Ooth day	ifies a delayed of after the recor	effective date, but not an effective time, at 12:03 d is filed.	1 a.m. on the ea	arlier	of:
Dated 1	Jove	mby 1	7/ 2015.			
/		B CASTOIRE	gnature of a member or authorized representative of a member		_	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00