

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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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name : FILINGS, INC. Account Number : 072720000101 Phone : (850) 385-6735 Fax Number : (954)641-4192

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

Rmail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ō FANNY HAIM ATELIER, LLC Certificate of Status 0 Certified Copy 0 03 Page Count л. Э., \$25.00 ထု Estimated Charge

-----FEB 12 2016

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02/11/2016 5:04PM FAX	9546414192	BLACKSTONE LEGAL SUPPLIE	Ø 0006/0008
H16000036368		CLES OF AMENDMENT TO LES OF ORGANIZATION OF	
	(Name of the Limited I	NY HAIM ATELIER, LLC <u>Liability Company as it now appears on our records.</u>) Florida Limited Liability Company)	
The Articles of Organization Florida document number _	n for this Limited Liabi L15000135284	ility Company were filed on08/10/2015	and assigned
This amendment is submitte	ed to amend the followi	ng:	
A. If amending name, <u>ent</u>	er the new name of th	e limited liability company here:	
The new name must be distinguis	shable and contain the words	s "Limited Liability Company," the designation "J.J.C" or t	he abbreviation "I.L.C."
Enter new principal office	s address, if applicabl	le:	in in

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

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B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	
<u>New Registered Office Address</u> :	Enter Florida street address
	, Florida 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

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20007/0008

Hi 60000366662red 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

<u>Title</u>	Name	Address	Type of Action
AMBR/ MBR	FANNY HAIM ATELIER		🗆 Add
			E Remove
			Change
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	2016
·	Signature of a member of a member
	ROBERT LAYDEN ORGANIZER/RA
	Typed or printed name of signer

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Filing Fee: \$25.00