L15000141643

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(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	e #)
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ETARY OF STATE HASSEE, FLORIDA

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 797915 7732494

AUTHORIZATION

COST LIMIT

ORDER DATE: September 25, 2015

ORDER TIME : 9:25 AM

ORDER NO. : 797915-020

CUSTOMER NO: 7732494

DOMESTIC AMENDMENT FILING

NAME: AREAS USA MDW, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY XX PLAIN STAMPED COPY _ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AREAS USA MDW, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{08/24/2015}{1}$ and assigned Florida document number L15000141643 This amendment is submitted to amend the following: A. If amending name, enter the new name 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	KIRK D WEISS	5301 BLUE LAGOON DR #690	Add
		MIAMI, FL 33126	Remove
			□ Change
MGR XAVIER RABELL	XAVIER RABELL	5301 BLUE LAGOON DR #690	Add
	MIAMI, FL 33126	□ Remove	
		☐ Change	
MGR KIRK D WEISS	5301 BLUE LAGOON DR #690	■ Add	
		MIAMI, FL 33126	□ Remove
			□ Change
	-		☐ Add
			☐ Remove
			SEPARA DE LA Add
			□ Add
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Note: If the date inserted in this ocument's effective date on the	nust be specific and cannot be prior to date of fi block does not meet the applicable statut Department of State's records.	(optional) iling or more than 90 days after filing.) Pursuant to 605.0207 ory filing requirements, this date will not be listed as
The 90th day after the r		
ated	. 2015	
	/s/ Kirk D. Weiss	
	Signature of a member or authorized repre	esentative of a member

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Filing Fee: \$25.00