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(Re	questor's Name)	
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CORETARY OF STATE

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AUG 1 5 2015

COVER LETTER

Division of Corpor			
SUBJECT: / MA	COET LAWE LLC Name of Limi	+ 31 NORMOL ted Liability Company	IT LANELL C
The enclosed Articles of Am	endment and fee(s) are subr	nitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	MARUII	V KUP SR SM L	<i>T</i>
		Native of Ferson	
		Firm/Company	·
	333 REG	ATTA DR Address	- serve all derivation
		Address	
	JUPITER	City/State and Zip Code 2 2 2 9 mill o be used for future annual report notific	
	. 17	City/State and Zip Code	
-	<u>M K من M</u> E-mail address! (t	o be used for future annual report notific	cation)
For further information conc			·
MARULU K	CUPERSMIT	at (56/) 575 Area Code Daytime	- 3296 Telephone Number
Enclosed is a check for the f	following amount:		
12 \$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAGNET LANE 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 9-17-75 and assigned	
Florida document number <u>1,15000/58843</u> .	
This amendment is submitted to amend the following:	
· ·	
A. If amending name, enter the new name of the limited liability company here:	
3) NORMONT LANE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	_
Protection and the Control of Con	
(Principal office address MUST BE A STREET ADDRESS)	
11	_
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 the name of the registered agent and/or the new registered office address here:	: nev
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	_
Elouido	
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 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 being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lipbility company has been notified in writing of this change. If Changing Registered Agent, Signature of New Reintered Agent	,
Page 1 of 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

	Tracilor inca in compet		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			Remove
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Effective date,	if other than the date is listed, the date must be e inserted in this block	specific and cannot	be prior to date of filing applicable statutory	g or more than 90 days	optional) after filing.) Pursuar s, this date will not	nt to 605.0207 (3)(be listed as the
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