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* COVER LETTER

TO: Segistration Se Division of Cor			
/	7.65 4.6		
SUBJECT:	3155, LLC Name of Lin	nited Liability Company	
	(Kane of Lin	mes manny company	
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
		•	
	CALL	10.1-51	
	<u> </u>	AYTSIN Name of Person	
		á.	•
		Firm/Company	
	3630 0=	Sa. D. A. A. O. Aare	
	<u> </u>	SAMSFIRR CIRCLE	
			•
	BRT ST. LI	ICIE FL 34952	
		City/State and Zip Code	
	- gvern	City/State and Zip Code OP OD ASI. COM To be used for future annual report noti	
	9 mail address:	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c	all:	******
	•		Charles and the second
GAIL RA	YTSIN Person	at (<u>973</u>) <u>379</u>	7/50 e Telephone Number
Nume of	Verson	Area Code Daytime	a Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	\$60.00 Filing Fee,
_	Certificate of Status	Certified Copy ?	Certificate of Status &
•		(additional copy is enclosed)	Certified Copy ; (additional copy is enclosed)
2,			

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

(Name of the Limited Link	LC litity Company as it now and ida Limited Liability Compar	ears on our records	<u> </u>		
(A Flori	ida Limited Liability Compar	y)			
The Articles of Organization for this Limited Liability	Company were filed on	9/28/15	 !	and assi	igned
Florida document number <u>L 15 000 /64 / 39</u>	 -				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the li	mited liability company	here:			
The new name must be distinguishable and contain the words "L	imited Liability Company," t	e designation "LLC"	or the abbr	eviation "L.I	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADI	DRESS)			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 	

Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			·		
	<u> </u>				
B. If amending the registered agent and/or regregistered agent and/or the new registered office at Name of New Registered Agent:		on our records,	enter u	ne name	or the new
New Registered Office Address:					
	Enter	Florida street address			
		, Flo	rida		in di Inda
	City			Zip Code	
New Registered Agent's Signature, if changing Register					
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance agent as provided for a gred office address, I he	of my duties, and In Chapter 605, F	d I am fai F.S. Or, if	miliar witi Ithis docu	h and ment is
	If Changing Registere	l Agent, <u>Signature o</u>	New Regi	•	ना .
	Page 1 of 3	1	F STATE FLORIDA	P 12: 22	o O

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
MEMBER	FELIX RAYTSIN	9 ELIOT PLACE	Add
		SHORT HILLS, NJ 07078	Remove
			☐ Change
		-A	□ Add
			□ Remove
			Change
			🗖 Add
			□ Remove
			☐ Change
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W-0-18	· · · · · · · · · · · · · · · · · · ·	7	🖸 Add
			□ Remove
			☐ Change
***************************************			Add Remove
		හ ග සා	Change II
	Pag	e 2 of 3	D 2: 22

D. If amending any other information, enter change(s) here: (Attach additional sheets, i		
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	· · · · · · · · · · · · · · · · · · ·	National Work
**************************************	* 117-111111-1	
		talente estatura
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	(optional) s after filing.) Pursuant is, this date will not b	to 605.0207 (3)(e listed as the
If the record specifies a delayed effective date, but not an effective time, at 12: (b) The 90th day after the record is filed.	:01 a.m. on the e	earlier of:
Dated 3-29-16.		
, butter		
Signature of a member or authorized representative of a member	2016	;
GAIL RAYTSING Typed or printed name of signee		PERSONAL AND A STATE OF THE STATE OF T
	TARY ASSE	-
Page 3 of 3	E P	
Filing Fee: \$25.00	APR - U P 12: 22 RETARY OF STATE ANASSEE, FLORID	