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

중 From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

3052201440

: (305)675-5944

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

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UNLIMITED BLOCK LLC.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

·		Florida Zip Code			
New Registered Office Address:	Enter Florida street addr	wie t			
Name of New Registered Agent:					
ngent and/or the new registered office address here:		53 115 115 115 115 115 115 115 115 115 1			
B. If amending the registered agent and/or registered office	address on our records, ente	er the name of the new register			
Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL. 33137				
Enter new mailing address, if applicable:	5712 NE MIAMI PL	zd21 JL SECR TALLI A			
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL. 33137				
Enter new principal offices address, if applicable:	5712 NE MIAMI PL.				
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "Ll	LC" or the abbreviation "L.L.C."			
A. If amending name, enter the new name of the limited lig	bility company here:				
This amendment is submitted to amend the following:					
Florida document number L1500164650		and assigned			
The Articles of Organization for this Limited Liability Company were filed on 09/28/2015					
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	(O(1)			
UNLIMITED BLOCK LLC. (Name of the Limited Liability Com	Dany as it now onnears on our re-	and a			

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 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	Name	Address	Type of Action
AMBR	HIGINIO,PATRIK R		——— □Aḍd
			≅Remove
			□Change
MGR	HIGINIO, KEVIN L	5712 NE MIAMI PL.	≅Add
		MIAMI,FL. 33137	
			■ Change
MGR	ELLINGTON, NORMAN A	5712 NE MIAMI PL.	□Add
		MIAMLFL 33137	□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
		<u></u>	□Remove
			Change

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