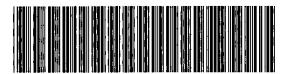
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SECRETARY OF STATE.

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## **COVER LETTER**

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TO:	Registration Se Division of Cor					
CHDI	AllocateRit	e LLC				
SUBJ	ECI:					
The er	nclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.			
Please	return all correspon	ndence concerning this matter	to the following:			
		Abbas Shah				
			Name of Person		•	
		AllocateRite LLC				
			Firm/Company		•	
		511 SE Fifth Ave Apt 170	4			
			Address		1	
		Fort Lauderdale, FL 33301	1			
		<u> </u>	City/State and Zip Code			
		abbas.shah@allocaterite.com			2015 3ED	
For fu	rther information co	E-mail address: ( oncerning this matter, please of	to be used for future annual report notificall:	cation)	2015 NOV -9 SECRETARY ALLAHASSE	1 200
	s Shah	<i>C</i> 71	917 747-5227		rm	
Englos	Name of	Person  e following amount:	at (	Telephone Number	P 2: 38	C
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

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**

AllocateRite 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  $\underline{\phantom{0}}^{October,\,2015}$ and assigned Florida document number 1.15000171448 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 "LLC." 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:  $\overline{\alpha}$ Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City 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

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Abbas Shah	511 SE Fifth Ave Apt 1704	Fort Lauderdale, FL 33301 ■ Add
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(If an effect	e date, if other than the tive date is listed, the date mu- the date inserted in this b	st be specific and	id cannot be prior	to date of filing or	more than 90 days	after filing) Pürsuaft to	605.0207 <sup>9</sup> (
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	rd specifies a delaye Oth day after the rec			t an effective	time, at 12:0	)1 a.m. on the ea	arlier of:
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The 9	ovember 4	Signature of a	.,	orized representati	ve of a member	,	_

Page 3 of 3

Filing Fee: \$25.00