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TALLAHASSEE, FLORIDA

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COVER LETTER

	Registration Sec Division of Corp			
CUDIE		ND SULLIVAN GROUP, LL	.c	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
	,	Kristine Polo		
			. Name of Person	······································
		Smyth & Hauck, PA		
			Firm/Company	
		631 U.S Hwy 1,	54e 411	
			Address	
		North Palm Beach, FL 334	08	
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	17. 18.07
		kristine@smythhauckcpa.co		
		E-mail address: (to be used for future annual report no	tification)
For furth	er information co	ncerning this matter, please ca	ail:	
Eugene S	Sullivan		908 432-9705	
	Name of	Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.0	00 Filing Fee	☐ \$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

(Name of the Limited Liability Come (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Companification for the Limited Liability Companies of Companies o	y were filed on 12/22/2015	and assigned
This amendment is submitted to amend the following:		-
A. If amending name, enter the new name of the limited lia	bllity company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4574 Capital Drive	250 1
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33463	聖宣書用
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4574 Capital Drive Lake Worth, FL 33463	8 PH 1: 30
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		nter the name of the ne
Name of New Registered Agent: Smyth & Hau	ck KRISTINE	Poco
New Registered Office Address: 631 US-14 U	Enter Florida street address	
North Palm B	each , Florid	33408 Zip Code

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 Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGR	Moshe Dunoff	11370 Twelve Oaks Way Unit 312	
		North Palm Beach, FL 33408	≅ Remove
			Change
AMBR	Eugene Sullivan	4574 Capita! Drive	
		Lake Worth, FL 33463	□ Remove
			☐ Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			☐ Change
***************************************			Add
			□ Remove
			FILED 178 MAY 0 8 PH 1: 38 SID NI 1 ANY 0 SIA 16 TAL MHASSEE, FLORIDA
			TASSEE, FILED
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If amending any other info	mation, enter change(s) here: (Attach additional sheets, if neo	cessary.)
<u></u>		
Lane are some assessment and a second of the		
		
Note: If the date inserted in the document's effective date on the	the date of filing: must be specific and cannot be prior to date of filing or more than 90 days after its block does not meet the applicable statutory filing requirements, the Department of State's records. yed effective date, but not an effective time, at 12:01 record is filed.	iis date will not be listed as the
Dated May 4	2017	
Dated		Tion
	Signature of a member or authorized representative of a member	17 M
Moshe Dunoff		FI FASS
	Typed or printed name of signec	FILED '-8 PM 'AR OF ASSEE, F
	Page 3 of 3	STATI

Filing Fee: \$25.00