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	tegistration Se Division of Cor					
GUD LEÆT		Salute to America's Heroes, LL	.c			
SUBJECT	ı:	Name of Lim	ited Liability Company			
		Amendment and fee(s) are sub-	-			
	·	Marci A Rubin, Esq.				
			Name of Person			
	Marci A. Rubin, Attorney at Law, P.A.					
Firm/Company				——————————————————————————————————————		
		8930 W State Road 84, #12	27			
			Address			
		Davie, Florida 33324		NOV 16 PM 5: 01		
		marcirubinpa@gmail.com	City/State and Zip Code	16 NOV 16 PM 5: 04		
		E-mail address: (to be used for future annual report notif	ication)		
For further	r information c	oncerning this matter, please ca				
Marci Rub			954 296-9025 at ()			
	Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	ne following amount:				
\$25.00) 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)		
		ING ADDRESS: ation Section	STREET/COURI Registration Section			

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A National Salute to America's Her	roes, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on or Liability Company)	ur records.)	
The Articles of Organization for this Limited L Florida document number L16000003048	iability Company	were filed on $\frac{01/05/20}{}$	16	_ and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liab	oility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designat	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applie	able:	10394 W Sample Roa	d, #200	
(Principal office address MUST BE A STREE	ET ADDRESS)	Coral Springs, FL 330	065	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)		10394 W. Sample Roa Coral Springs, FL 330	965	NOV 16 PM 5: 05
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her	<u>:e</u> :	records, enter the	e name of the nev
Name of New Registered Agent:	Marci A Rubin	, Attorney at Law, P.A.		
New Registered Office Address: 8930 W		Road 84, #127		
	D	Enter Florida str		
	Davie	City	, Florida 33324	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:

<u>Name</u>	<u>Address</u>	Type of Ac
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Effective date, if other than the c	date of filing:	(optional)
		or more than 90 days after filing.) Pursuant to 605.020 iling requirements, this date will not be listed a
document's effective date on the Dep	partment of State's records.	
e record specifies a delayed	effective date but not an effective	re time, at 12:01 a.m. on the earlier o
The 90th day after the reco		
	2016	
November 10	•	. 0
		/ //
Pated	Mickey Marker	If Mex
Dated	Mark MANAGER. Dyped or printed name of signer	Mex- nye of a member

Page 3 of 3

Filing Fee: \$25.00