Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown 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

From:

Account Name

: GILMAN CIOCIA INC.

Account Number : 120120000051

Phone

: (305)937-7773

Fax Number

: (815)301-2897

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PLUGIN MIAMI LLC

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COVER LETTER

TO:	Registration Se Division of Cor	ution porations					
CYTO YY		IAMI LLC	•				
SUBJECT: Name of Limited Liability Company							
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		NADYA USOVICH					
			Nume of Person	<u></u>			
		GILMAN CIOCIA					
Finn/Company							
	2875 NE 191 STREET SUITE 601						
			Address				
		AVENTURA, FL 33180					
			City/State and Zip Code				
		NADYA.USOVICH@GTA					
		E-mail address; (to be used for future annual report notifi	canon			
For fur	ther information o	oncerning this matter, please co	ull:				
NADY	/A USOVICH		305 692-5204				
	Name of	Person	Area Code Duytime	Telephone Number			
Enclos	ed is a check for th	ne following amount:					
≘ \$2	5.00 Filing Fee	S30.00 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 Taliahassee, 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

PLUGIN MIAM) LLC	
(Name of the Limited Linhitity Company as it now appears on our records.) (A Florida Limited Linhity Company)	
The Articles of Organization for this Limited Liability Company were filed on 02/05/2016	and assigned
Florida document number 116000019122	
This amendment is submitted to amend the following:	
A. If amending same, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Littuad Liability Company," the designation "LLC" or the	zobseviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	'05 '
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter	r the pane of the ne
registered agent and/or the new registered office address here:	(49
	<u> </u>
Name of New Registered Agent:	**************************************
New Registered Office Address: Ewer Florida street address	
. Florida	

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appointment as registered agein 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

Zip Code

If amending Authorized Person(s) authorized to manage, enter the tide, name, and address of each person, being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Tide</u>	Name	Address	Type of Action
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		GAN-HA'IM, IL	□ Rc.now
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fthe b) T	record specifies a delayed effective date, but not an effective time, at 12:01 : The 90th day after the record is filed.	e.m. on the earli	er of;	
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	Signature of a member of authorized representative of a member			
	A STATE OF COMMENTS			
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