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O SIMMONS SEP 2 3 2019 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE : 928647 AUTHORIZATION \$ 25.00 COST LIMIT : ORDER DATE: September 19, 2019 ORDER TIME : 8:57 AM ORDER NO. : 928647-005 CUSTOMER NO: 4311639 DOMESTIC AMENDMENT FILING NAME: PLUGIN MIAMI LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY ____ PLAIN STAMPED COPY __ CERTIFICATE OF GOOD STANDING CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

COVER LETTER

Division of Corp	porations						
SUBJECT:	PLUGIN MIAMI, LL	С					
SUBJECT:	Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: IAN G. BACHEIKOV, ESQUIRE Name of Person AKERMAN, LLP Firm/Company THREE BICKELL CITY CENTRE, 98 S.E. 7TH STREET Address MIAMI, FLORIDA 33131 City/State and Zip Code IAN.BACHEIKOV@AKERMAN.COM E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: IAN G. BACHEIKOV Nume of Person Area Code Daytime Telephone Number ed is a check for the following amount: 5.00 Filing Fee \$60.00 Filing Fee,						
The enclosed Articles of a	Amendment and fee(s) are subt	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	IA	N G. BACHEIKOV, ESQUIRE					
	Name of Limited Liability Company ed Articles of Amendment and fee(s) are submitted for filling. rn all correspondence concerning this matter to the following: IAN G. BACHEIKOV, ESQUIRE Name of Person AKERMAN, LLP Firm/Company THREE BICKELL CITY CENTRE, 98 S.E. 7TH STREET Address MIAMI, FLORIDA 33131 City/State and Zip Code IAN.BACHEIKOV@AKERMAN.COM E-mail address: (to be used for future annual report notification) information concerning this matter, please call: IAN G. BACHEIKOV Name of Person 10 Section 1						
		AKERMAN, LLP					
		Firm/Company					
	THREE BICKE	THREE BICKELL CITY CENTRE, 98 S.E. 7TH STREET					
		Address					
	Ν	MIAMI, FLORIDA 33131					
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For further information co	·	•	,				
IAN G. BA	CHEIKOV						
Name o	f Person		: Telephone Number				
Enclosed is a check for th	ne following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &				

MAILING ADDRESS:

TO:

Registration Section

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

	JGIN MIAMI, LLC			
(<u>Name of the Limited Liah</u> (A Flor	i <mark>lity Company as it now appear</mark> ida Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	01/27/2016	and assigned	
Florida document number L16000019122	,			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company he	ere:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."	
(Name of the Limited Liability Company as it now appears on our reconstruction (A Florida Limited Liability Company) Articles of Organization for this Limited Liability Company were filed on		÷.		
Principal office address MUST BE A STREET ADD	ORESS)		·	
			•	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			12 (A) 1 (2)	
• • •		our records, <u>ent</u>	er the name of the	
Name of New Registered Agent:				
New Registered Office Address:		 .		
	Enter Flo	rida street address		
		, Florida		
	City		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>	<u>Name</u>	Address	Type of Action
AMBR LOGI ENTERPRISES		3001 NE 164TH ST	□ Adđ
		NORTH MIAMI BEACH, FL 33160	. Remove
•			Change
AMBR	ONIMAI CONSULTING AND DEVELOPMENT, LTD	8 HADAFNA ST.	□ Add
		TEL MOND, IL	. ■ Remove
			Change
AMBR	FRANCK DARMON HOLDING LTD.	7 DISENCHICK ST	□ Adđ
		TĖL AVIV, IL	
			⊕ □ Change
AMBR	NAEH-SHIFF (BENNY) LTD	11 HANDRIT ST	☐ Add
		GAN-HAIM, IL IL	Remove
			Change
AMBR	SHARON DAYEN	32/34 SHOSHAN ST 8155	Add
		KFAR YONA, ISRAEL 40300 IL	■ Remove
			☐ Change
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n effective date is: ote: If the date i	other than the clisted, the date must inserted in this bloove date on the Dep	be specific and ck does not m	cannot be prior teet the applica	o date of filing o ble statutory fi	more than 90 day	(optional) s after filing.) ts, this date v	Pursuant to 60 will not be lis	/5.020 ted a
record speci The 90th day	fies a delayed after the reco	effective da rd is filed.	ate, but not	an effective	e time, at 12	:01 a.m. c	on the earli	ier (
ted <u>Sep</u>	1911	,	2019	- /				
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Page 3 of 3

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