

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name

: COMITER & SINGER,

Account Number: I20000000085

Phone Fax Number : (561)626-4742 : (561)626-4742

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JUNO ADVISORS, LLC

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Corporate Filing Menu

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#6678 P.002/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 MAR - | AM 10: 4 |
FALLAHASSEE STATE

JUNO ADVISORS, LLC (Name of the Limited Liahility 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 JANUARY 27, 2016 and assigned Florida document number _ L16000019281 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 "L.L.C." 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 the name of the new registered agent and/or the new registered office address here: 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 company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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#6678 P.003/004

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

Title	Name		Address		Type of Action
MGR	KATHERINE MOREAU	بر "ب.،	2161 Radnor C	ourt	□ Add
			North Palm Bea	ach, FL 33408	■ Remove
			, 		☐ Change
MGR	Katherine MacDonald		2161 Radnor C	burt	≅ Add
			North Palm Bea	ach, FL 33408	□ Remove
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ment's effective date on			,		
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i /			1		
<i>j/</i> _	Signature of a men	ther or authorized	i representanva of	member	
—— <i>[</i> /	Signature of a men	nber or authorize	i representative of	member	
Michael a		her or authorized		member	

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Filing Fee: \$25.00