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Division of Corporations



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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : AKERMAN LLP - MIAMI  
Account Number : 075471001363  
Phone : (305) 374-5600  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
NAMASTE GORGIE 3RD ST 2 LLC**

Certificate of Status	0
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Page Count	03
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D. BRUCE  
DEC 01 2016

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

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**NAMASTE GORGIE 3RD ST 2 LLC**

(Name of the Limited Liability 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 February 8, 2016 and assigned  
Florida document number L16000028026

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*

*City*

*Florida*

*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

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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>	<u>Address</u>	<u>Type of Action</u>
AMBR & MGR	Namaste Gorgie LLC	2300 East Las Olas Blvd.	<input type="checkbox"/> Add
		5th Floor	<input checked="" type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
MGR	Catherine DeFrancesco	2300 East Las Olas Blvd.	<input checked="" type="checkbox"/> Add
		5th Floor	<input type="checkbox"/> Remove
		Fort Lauderdale, FL 33301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: Upon Filing (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 10, 2016

✓ U. O. B. A.  
Signature of a member or authorized representative of a member

Catherine DeFrancesco  
Typed or printed name of signee

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