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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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SECRETARY OF STATE
TALLANASSEE, FLORID.

COVER LETTER

TO: Registration S Division of Co			b,	
SUBJECT:	Pembroke Name of Limit	L Way, LL ited Liability Company	<u>-C</u>	
The enclosed Articles of	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Bry St. Wapl	Name of Person GALAW Firm/Company Address City/State and Zip Code A Apples - I GW	1. Trail SEGRE TALLAI TALLAI TOM	-71
For further information	E-mayl address: () concerning this matter, please ca	to be used for future annual report noti	ification)	
Brc OV Name	Bryant	at (139) 56	olo - 100 / TOST in the Telephone Number	: O
Enclosed is a check for	the 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)	

MAILING ADDRESS:

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

Remlankal	Jan 116
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L1600003768</u> 5	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	TS 6
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	Fig. 2
(Mailing address MAY BE A POST OFFICE BOX)	5. . .
	30 30 III
	,
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new e:
	-
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
Now Designated Assetts Clausetone 15 - Louisian Designation	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Cho	nging Degistered Agent Signature of New Degistered Agent

	Manager - Authorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBI	P Hazan, Richard	1_ 3215 Old Milling	R □ Add
		Long Grove, IL was	Y/7th Remove
	,		Change
AMBR	Hozan, Tincey	3215 Old McHenry Rd	Add
,	,	Lorg Grow FL 6004	Remove
_	,		Change
AMBR	Richard J. Hazan Revocable Trust	3215 Old McHenry Ro	Add
	u/ald 12/3/1997	Long brove, IL 6004	Z□ Remove
			Change
AMBR	Revocable Trust	3215 Old McHenry K	
	Vald 16/05/1998	Long Grove, IL (e009)	□ Remove
	·		Change
		····	Add
			≥ En Remove
			Change
			器 2 円
			Remove
			☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

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CHECHAC	e date inserted in this	s block does not	meet the appli	cable statutory fil	more man 90 days a	this date will not be lis	3.020 ed as
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record	specifies a dela th day after the r	yed effective record is filed	l.	ot an enective	: time, at 12.0	1 a.m. on the ear	ier o
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Page 3 of 3

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