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COVER LETTER

то:	Registration Se Division of Cor		•		٦	
SUBJE		america LLC	•	·		
SUBJE		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ondence concerning this matter				
		Erik Sjoeborg				
			Name of Person		-	
		Corniche-America LLC				
			Firm/Company		-	
		7512 Dr Philips Blvd				
Address						
		Orlando, FL 34747		· •	72 % B	i
		bes@corniche-america.com	City/State and Zip Code		2017 APR SECRETA	71
	•	E-mail address: (to be used for future annual report notifi	cation)	R 19 MAY ASSE	7
For furt	her information c	oncerning this matter, please ca	all:		T OF A	FILE
Erik Sjo	oeborg		407 922 5026 at ()	•	CSX CSX CSX	O
	Name o	f Person	Area Code Daytime	Telephone Number	5 S	ŧ.,
Enclose	d is a check for the	he following amount:				
\$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

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

Corniche-America LLC						
(Name of the Limited Liab (A Flori	ility Company as it i ida Limited Liability (now appears on our record Company)	<u>s.</u>)			
he Articles of Organization for this Limited Liability	Company were fi	led on 02/29/2016		ar	nd assign	ned
lorida document number L16000042098	·					
nis amendment is submitted to amend the following:						
. If amending name, enter the new name of the li	mited liability co	mpany here:				
ne new name must be distinguishable and contain the words "L	imited Liability Comp	pany," the designation "LLC	or the	abbreviati	on "L.L.C	2."
nter new principal offices address, if applicable:						
Principal office address MUST BE A STREET ADI	DRESS)					
nter new mailing address, if applicable:						
Aailing address MAY BE A POST OFFICE BOX)						
. If amending the registered agent and/or reg		dress on our records	s, <u>ente</u>	r the n	ame of	the
				EC?		
Name of New Registered Agent:				NE AS	3	-
New Registered Office Address:				SE SE	<u> </u>	1
		Enter Florida street addres	S		\triangleright	
·	C:		orida _	-S.T.	Ö	
ow Desistand Agent's Signature if shonging Desistan	City	,		D A	CO)	

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>	Name	Address	Type of Action
AMBR	James Haven Hodges	3850 E Lake Mary Blvd,	Add
		Sanford, FL 32773	■ Remove
			☐ Change
			□ Add
			□ Remove
			Add
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			ORID ORID	Æ
			D	
Effective date, if other than the date if an effective date is listed, the date must be something. If the date inserted in this block document's effective date on the Depart	ecific and cannot be prior to da oes not meet the applicable	ate of filing or more than 9 statutory filing require	(optional) 00 days after filing.) Pursuant to the comments, this date will not be	o 605.0207 e listed as
ne record specifies a delayed eff		effective time, at	: 12:01 a.m. on the e	arlier of
The 90th day after the record				
•	, 04/17/2017			
The 90th day after the record Dated Orlando, FL 32819 E. Spece Signs		representative of a men	her	

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Filing Fee: \$25.00