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STATE ASSEE, FLORIDA

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COVER LETTER

	Registration Sec Division of Corp			
SHRIFE	FAIT ACCC			
SOBJEC	.1	Name of Limit	ted Liability Company	
		amendment and fee(s) are subm	-	
Please re	turn all correspon	dence concerning this matter to	o the following:	
		FRANCISCO J. GONZALI	EZ, ESQUIRE	
			Name of Person	
		GONZALEZ, SHENKMAN	N & BUCKSTEIN, P.L.	
			Firm/Company	
		1035 SOUTH STATE ROA	AD 7, SUITE 312	
			Address	
		WELLINGTON, FL 33414		
			City/State and Zip Code	
		FGONZALEZ@GSBLAWF		
		E-mail address: (to	be used for future annual report notific	ration)
For further	er information co	ncerning this matter, please cal	11:	
FRANCI	ISCO J. GONZAI	LEZ	561 227-1575	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	following amount:		
\$25.0	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

FAIT ACCOMPLI LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our reco Liability Company)	<u>ords.</u>)
Γhe Articles of Organization for this Limited I	Liability Company	were filed on 03/02/2016	and assigned
Florida document number L16000044198	<u> </u>		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	1035 South State Road 7, Su	nite 312
Principal office address MUST BE A STRE	ET ADDRESS)	Wellington, FL 33414	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	E BOX)	Wellington, FL 33414	nite 312
			
B. If amending the registered agent and registered agent and/or the new registered of	_		rds, enter the name of the
Name of New Registered Agent:	GSB CORPOR	ATE SERVICES, LLC	SSEC. OF THE SEC.
New Registered Office Address:	1035 South Sta	ite Road 7, Suite 312	FIGURE
		Enter Florida street add	ress REE 51
	Wellington		Florida 33414
		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
MGR	The Cantor Group Corporate Servic	2601 South Bayshore Dr.	
		Suite 1800	Remove
		Miami, FL 33133	Character of the control of the cont
MGR	GSB Corporate Services, LLC	1035 South State Road 7	_ ■ Add
		Suite 312	☐ Remove
		Wellington, FL 33414	
		-	Remove
			□ Change
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	tive date, if other than the date of filing:
ote: ocun	tive date, if other than the date of filing:
ote: ocun	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier as 90th day after the record is filed.
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l <u>ote:</u> ocun e re	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed nent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier a 90th day after the record is filed. DECEMBER 544, 2016 Signature of a hember or authorized representative of a member and a hember of a hember of a member of a hember of a hemb

Filing Fee: \$25.00