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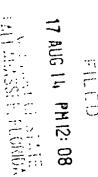
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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S. WARREN AUG 1 5 2017

COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|---|--|
| SUBJECT: NYRV | ANA L | LC ability Company | |
| The enclosed Articles of Amendment ar | d fee(s) are submitted | for filing. | |
| Please return all correspondence concert | ing this matter to the | following: | |
| W | HITNEY | SHAND Name of Person | |
| 1 | UYRVANA | LLC Firm/Company | |
| <u> 650</u> | I RACQUE | T CLUB DR_Address | |
| LA | UDEKHILL City | FL 33319 | |
| Exp | Derience N E-mail address: (10 be a | Yrvana @gmail | , COM |
| For further information concerning this | | | |
| WHITNEY SHAT | <u>ID</u> | at (<u>954</u>) <u>593 82</u> Area Code Daytime Tele | 289 ephone Number |
| Enclosed is a check for the following a | nount: | | |
| | Filing Fee & Cate 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

| (<u>Name of the Limited Liability Company as it now appears on our records.)</u> (A Florida Limited Liability Company) |
|--|
| The Articles of Organization for this Limited Liability Company were filed on $04/04/2016$ and assigned Florida document number $L [6000659]$. |
| 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 "LLC." |
| 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: WHITNEY SHAND |
| New Registered Office Address: 6501 RACQUET CLUB DR Enter Florida street address |
| LAUDERHILL Florida 33319 |
| 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 |

Page 1 of 3

If an inding 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 | <u>Name</u> | Address | Type of Action |
|-------|-------------------|---|---|
| AP | KATRICE C. MONCUR | 1336, NW 1 ct unt 102 | □ Add |
| | | Mantation, TL 33325 | ⊠ Remove |
| | | | ☐ Change |
| MGR | WHITNEY SHAND | | |
| | , | r / rd | □ Remove |
| | | 6501 Racquet Clab Dr Landerfull, 174 33319 | ☑ Change |
| | | | |
| | | | □ Remove |
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