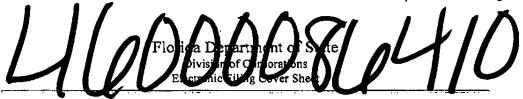
Division of Corporations

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Account Name : TORRES & VADILLO, LLP

Account Number : 120150000038

: 120150000038 : (305)485-9700

Phone

1 (305)436-0191

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SION FRT, WC	
( <u>Nume of the Limited Limbi</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability (Florida document number	• •	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "LLC" or the	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	(RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ade		the name of the new
Name of New Registered Agent:		S CO
New Registered Office Address:		T2 \ [11]
	Enter Florida street address Plorids	
	Chy	Z <sub>I</sub> μ 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

MGR = Manager

AMBR = Authorized Member

## H16000140259 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Type of Action Title <u>Address</u> Name Doral, FL 38131 Remove ☐ Change MGR ☐ Remove ☐ Change □ Add ☐ Remove □ Change Reilligve n S Remave ☐ Change □ Add □ Remove

Page 2 of 3

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Affective date, if other than the date of filing:  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than Note: If the date inserted in this block does not meet the applicable statutory filing requidecument's effective date on the Department of State's records.	(optional) n 90 days after filing.) Pursuant to 605.0207 ( irements, this date will not be listed as t
ne record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
outed June 6 ao16.	
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Signature of a number or authorized representative of a mo	einher
Alaman II de Man	

Page 3 of 3

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