12:

Э.



Electronic Filing Menu

Corporate Filing Menu

Help

H16000223005 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 'EAR MANAGEMENT, LLC | | | | | | |
|--|---|--|--|--|--|--|
| ity Company as it now appears on our a Limited Liability Company) | records.) | | | | | |
| The Articles of Organization for this Limited Liability Company were filed on 2/4/16 and assigned assigned and assigned and assigned and assigned and assigned as a set of the set | | | | | | |
| | | | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | | |
| nited Liability Company." the designation | n "LLC" or the abbreviation "L.L.C." | | | | | |
| ······································ | | | | | | |
| <u>RESS)</u> | | | | | | |
| | 2 m 8 | | | | | |
| ····· | 200 2017 SA T | | | | | |
| stered office address on our r lress here: | ecords, <u>enter the name of the ner</u> | | | | | |
| | | | | | | |
| | | | | | | |
| Entre Classich durch | | | | | | |
| בחנגר ריטרומם גנרפט. | | | | | | |
| City | , Florida Zip Code | | | | | |
| | ity Company as it now apprears on our a Limited Liability Company) Company were filed on 2/4/16 ited Liability company here: nited Liability Company." the designation RESS) | | | | | |

New Registered Agent's Signature, if changing Registered Agent:

۰. د

44

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

H16000223005 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:

.

۱

MGR = Manager AMBR = Authorized Member

÷ , ,

| Title | <u>Name</u> | Address | Type of Actio |
|-------|----------------------|--|---------------|
| MGR | Eduardo L. Lopez | 5824 Bee Ridge Road, #288 | Add |
| | | Sarasota, FL 34233 | Remove |
| | | ······································ | D Change |
| MGR | David M. Silberstein | PO Box 2342 | [] Add |
| | · | Sarasota, FL 34230 | Remove |
| | | | Change |
| | | | [] Add |
| | | | C Remove |
| | | | Change |
| | , | | 🖸 Add |
| | | | C Remove |
| | | · | A Change |
| | | | |
| | | | |
| | | | |
| | , | | Add |
| | | | D Remove |

.

| | ····· | | | | | |
|---------------------------------------|-------|--|--|---|-------------------------------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | _ | | | |
| | | | | | | |
| | | | | | | |
| | | | | | ····· | |
| | | | • | | | |
| | ···· | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ···· | | ······································ | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u>z</u> s. | |
| | | | | - میں دان اور میں میں وقت میں میں اور اور میں میں میں اور | | 16 |
| | | | | | . ۲۹۹ منتشر | 1 |
| | | ······································ | | ······································ | . ۲۹۹ منتشر | 16 5 |
| | | · · · | | | . ۲۹۹ منتشر | 16 SEP |
| | | | | ······································ | CINI LAR | |
| | | ···· | | | CINI LAR | 10 SEP -B |
| · · · · · · · · · · · · · · · · · · · | | | | | CINI LAR | - |
| · · · · · · · · · · · · · · · · · · · | | | | | ECRI LARY OF LLAHASSEE, | - |
| · · · · · · · · · · · · · · · · · · · | | | | | ECRI LARY OF LLAHASSEE, | - |
| · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | | EORI LARY OF STU LLAHASICE, 1.00 | - |
| · · · · · · · · · · · · · · · · · · · | | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · | | EORI LARY OF STU LLAHASICE, 1.00 | - |
| · · · · · · · · · · · · · · · · · · · | | | · · · · · · · · · · · · · · · · · · · | | ECRI LARY OF LLAHASSEE, | |

D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.)

• • •

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

| Dated_ | Sept 8 | 2016 |
|--------|--------|---|
| | • | Signature of a member or autorized representative of a member |
| | _ | Signature of a member or supported representative of a member |
| | | Christopher J. Edbrooke |
| | | Typed or printed name of signce |

Filing Fee: \$25.00

7