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SECRETARY OF STATE
ANTANASSEE, FLORID.

D. SCOTT NOV 3 0 2016

## **COVER LETTER**

TO: Registration S Division of Co			
Ephemeris SUBJECT:	LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Justin Rundle		
	Jusun Kundle	·	····
		Name of Person	
	Ephemeris LLC		
		Firm/Company	
	One NE 2nd Ave, Suite 20	00	~ <b></b>
		Address	高点
	Miami, FL, 33132		FILED 28 PH 3: 03
		City/State and Zip Code	
	rundle.justin@gmail.com		To the second
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all;	77
Justin Rundle		786 452-0283	
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)
MAII	LING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**Ephemeris LLC** (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on August 22, 2016 Florida document number \_\_\_\_\_\_116000158112 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 "L.L.C." Enter new principal offices address, if applicable: One NE 2nd Ave, Suite 200 (Principal office address MUST BE A STREET ADDRESS) Miami, FL, 33132 Enter new mailing address, if applicable: One NE 2nd Ave, Suite 200 (Mailing address MAY BE A POST OFFICE BOX) Miami, FL, 33132 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: Justin Rundle Name of New Registered Agent: One NE 2nd Ave. Suite 200 New Registered Office Address: Enter Florida street address

## 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.

Miami

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 ar removed from our records:

MGR = Manager ...
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Justin Rundle	One NE 2nd Ave, Suite 200	
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		was and day	☐ Change
			□ Remove
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Effec	tive date, if other than the date of filing:(optional)
Note	ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	November 23, 2016
Date	•
Date	and the
Date	November 23, 2016  Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00