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SECRETARY OF STATE TALLAHASSEE, FLORIDA

> K. SALY MAY - 2 2017

# **COVER LETTER**

TO: Registration Section Division of Corporation			
SUBJECT: Acr	rial Spire	MAGERY LLC	· · · · · · · · · · · · · · · · · · ·
	Name of Limi	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Felix	Chang TA Name of Person	
		Name of Person	
		Spire /magen	
		i mir company	
	8530	NW 166 Ter	
		- <del> </del>	
	Hinlerh	PZ 33012 City/State and Zip Code	
		City/State and Zip Code	
_	FChen	g In O As / Com to be used for future annual report notifi	
	E-mail address: (1	to be used for future annual report notifi	ication)
For further information cond	erning this matter, please ca	all:	
Milens Cas	heo	at ( <sup>3</sup> 65 ) 57 o Area Code Daytime	-4305
Name of Pe	rson	Area Code Daytime	receptione Number
Enclosed is a check for the f	ollowing 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)

# 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

F 2017 APO	ILED
TALLAHASSE	RAMII: 30
	E. FLORIDA

Aerial	Spire De	signs,	LLC.	MASSEE ESTAT
(Name of the Limited L. (A F	<b>ability Company a</b> Iorida Limited Liabi	s It now appears lity Company)	on our records.)	MASSEE FLORID
The Articles of Organization for this Limited Liabil Florida document number / 16000 /9 = 32	ity Company wer	re filed on	10/24/2016	
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the				
The new name must be distinguishable and contain the words	"Limited Liability C	company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	<u> </u>			/\$
Enter new mailing address, if applicable:		P. 0	. Box 58	12 EL 3304
(Mailing address MAY BE A POST OFFICE BOX	<u>o</u> _	Mia	mi Lakes,	CL 3304
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	address here:		Chang SA	
New Registered Office Address:	<u> </u>		la street address	
	HALE	,4	, Florida	33018 Zip Code
		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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Felix B. Chang Jr	9930 NW 166 Ter. Hiplent Or , 37018	<b>7</b> Add
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effective date: If the date	ie is iisieci, ate inserte	une date n din this	block doe	cinc and es not m	eet the	e pnor w applicat	le statuto	ory filing	requiren	cays and cents, thi	s date v	vill not be	e listed as
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