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K. SALY NOV 22 2016

COVER LETTER

National Designation

	tration Se on of Cor		i	•	
SUBJECT: _	UGSPAN	G, LLC., A FLORIDA LIMIT	ED LIABILITY COMPANY		
SCHOLCT.	Name of Limited Liability Company				
The enclosed A	articles of	Amendment and fee(s) are sub-	mittėd for filing.		
Please return al	ll correspo	ndence concerning this matter	to the following:		
		Mark Allsworth, Esq.			
		.	Name of Person		
		Doumar, Allsworth, et al.			
		***	Firm/Company		
		1177 SE 3 Avenue			
			Address		
		Ft. Lauderdale, FL 33316			
			City/State and Zip Code		
		mallsworth@sflalaw.com	to be used for future annual report no	atiGastian)	
For further info	ormation c	oncerning this matter, please ca	•	onneauon)	
Mark Allswort	h,Esq.		954 762-3400 at ()		
	Name o	î Person	Area Code Dayti	ime Telephone Number	
Enclosed is a cl	heck for th	ne following amount:			
■ \$25.00 Fili	ng 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 enclose	
	Registr	ING ADDRESS: ation Section	Registration Sec		
tilk man "	Registr	ation Section n of Corporations		tion porations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 NOV 21 PM 5: 34

FALLAHASSEE, FLORIDA

BUGSPANG, LLC., a Florida limited liability company

(Name of the Limited Liability Company as it now appears on our records, (A Florida Limited Liability Company)

Florida document number L16000198522	any were filed on 10/27/16	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
BUGSPANG, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LL	C" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address have a few Projectors of Agents		ls, enter the name of the new
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street addre	
New Registered Office Address:	, F	loridaZip Code
	, F	loridaZip Code

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 or removed from our records:			
MGR = AMBR =	Manager Authorized Member	Address FALCRETARY 24	
<u>Title</u>	<u>Name</u>	Address SECRETARY OF STATE FALLAHASSEE, FLORIDA	Type of Action
		LORIDA	Add
		· · ·	□ Remove
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	·		Add
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			□ Remove
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			Change

Effective 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 90 days after filing.) Pursuant to 605.00 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filed. Dated Mark Allsworth		FILED
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Signature of a member or authorized representative of a member	The 9	Oth day after the record is filed.
Signature of a member or authorized representative of a member	Dated _	11/19/16
		malle
111		Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00