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S. WARREN AUG 0 1 2017

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: State of Limited Liability Company Name of Limited Liability Company								
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
CLABISTY ALAGHE AVVIY								
EN THE DESCRIPTION ENTRY LLC								
Firm/Company (X-) // X Address								
City/State and Zip Code								
For further information concerning this matter, please call:								
Name of Person at TSI SI Daytime Telephone Number Area Code Daytime Telephone Number								
Enclosed is a check for the following amount:								
■ \$25.00 Filing Fee Certificate of Status 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

(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Horida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" 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)	PLANTATION, FL. 33300
B. If amending the registered agent and/or registered or registered of the new registered office address he	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t:</u>

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 tim familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

Type of Action **Title** <u>Name</u> Address ISTALL THINKSON □ Add **T**Remove ☐ Change DIER JAYAHAKAH ALKERKSON 1661 MA) ⊠∕Ádd ☐ Remove ☐ Change AMBR CHRISTY ALKERSKIPY □ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Remove □ Change bb&⊒__ □ Change

. If amending	any other information,		re: (Attach addition	nal sheets, if neces.	sary.)	
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(If an effective Note: If the	ate, if other than the date date is listed, the date must be s date inscrted in this block d effective date on the Depart	pecitic and cannot be pri- loes not meet the appl	icable statutory filing	(option of than 90 days after the requirements, this	filing.) Pursuant to 60)5.0207 (sted as t
	specifies a delayed eff n day after the record		not an effective ti	me, at 12:01 a	.m. on the ear	lier of
Dated	(e) 2/Hz	<u>. 2017</u>	·		ال 17 يال المراجعة	
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Filing Fee: \$25.00