| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cil | ty/State/Zip/Phone | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
| | | İ |
| | | |
| | | |
| | | |

Office Use Only



100310231781

03/09/18--01028--007 **25.00

MAR 1 2 2018 Y SULKER

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| CUBIECE | DERBY WALLA | CE ASSOCIATES, LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | JANETTE A DERBY-GREEN | |
| | | Name of Person | Parada district |
| | DERBY | WALLACE ASSOCIATES, LLC | |
| | | Firm/Company | |
| | 2800 W O | AKLAND PARK BLVD SUITE 30: | 5 |
| | | Address | |
| | OAKL | AND PARK, FLORIDA 33311 | |
| | *************************************** | City/State and Zip Code | |
| | • | allaceassociates@hotmail.com | |
| | | to be used for future annual report notific | cation) |
| For further information c | oncerning this matter, please ca | all: | |
| JANETTE A DERBY-G | REEN | 954 245- 5987 at () | |
| Name o | f Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for the | ne 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) |

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

| | BY WALLACE ASSOCIATE | * | |
|---|---|---------------------------------------|---------------------------|
| (Name of the Limited (A | Liability Company as it now app Florida Limited Liability Compan | ears on our records.) y) | |
| The Articles of Organization for this Limited Liabi | lity Company were filed on | 02/15/2017 | and assigned |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of th | e limited liability company | here: | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," th | ne designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | | |
| (Principal office address MUST BE A STREET) | ADDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | | | 1000 A 1000 |
| Manual dualess MAT BE A TOST OFFICE BO | <u></u> | | 5 C |
| | | | <u> </u> |
| B. If amending the registered agent and/or | registered office address | on our records, e | nter the name of the new |
| registered agent and/or the new registered office | e address here: | _ | |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter l | Florida street address | |
| | | , Florid | la |
| - | 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---|----------------|
| MGR | NEVILLE DERBY | 3210 NW 84 AVENUE #A102 | ■ Add |
| | | SUNRISE, FLORIDA 33351 | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| | | | Remove |
| | | <u> </u> | |
| | ************************************** | 4-07-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | ente value en | 255 A |
| | | | Remove 🐠 |
| | | · · · · · · · · · · · · · · · · · · · | Schange 9 |
| | | | □ Add |
| | | - | ☐ Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
| | | | Change |

| | | | | | | |
|--|--|--|---|--|----------------------------------|-------------------------|
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | · | |
| **** | | | | | ··· ··· ······ | |
| | | | | | ر بر مش ور در مشور | <u>~</u> |
| | | | ,.,, | | | 7. 2. |
| | | | | • | Grand Grand Grand | 9 |
| | | | | | en fil | Ŧ |
| | | | | | 53 | 9 |
| | | | | | | 6 |
| ective date, if other the effective date is listed, the dee: If the date inserted in ument's effective date or | ate must be specific ar this block does not | nd cannot be prior to meet the applicab | date of filing or mole statutory filing | (option ore than 90 days after fi g requirements, this o | ling.) Pursuant t | o 605,026 e listed a |
| record specifies a de he 90th day after th | elayed effective se record is filed | date, but not | an effective ti | me, at 12:01 a. | m. on the e | arlier |
| 03/05 ed | | 2018 | | | | |
| | T | | <u> </u> | | | |
| | | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00