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To:

Division of Corporations

Fax Number

: (850)617-6383

from:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 Phone : (305)826-5886

Fax Number : (305)722-0535

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JEMSAR, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		AR, LLC		$\frac{\partial \mathcal{H}_{\bar{\ell}}}{\partial h^{\alpha_{N}}} \cdot \mathcal{F}_{\ell}^{SJA_{f,n}}$			
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears .:ab:lity Company)	op our records.)	——————————————————————————————————————			
The Articles of Organization for this Limited Li Florida document number L17000040313	ability Company	were filed on	02/20/2017	and assigned			
This amendment is submitted to amend the follo	owing:						
A. If amending name, enter the new name of	f the limited linb	ility company ber	<u>e</u> ;				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de-	signation "LLC" or the a	bbreviation "L.L.C."			
Enter new principal offices address, if applic		16900 N BAY R					
(Principal office address MUST BE A STREE		SUNNY ISLES,	FI_ 33160				
Enter new mailing address, if applicable:		16900 N BAY R	D APT 1115				
Mailing address MAY BE A POST OFFICE	BOX)	SUNNY ISLES, FL 33160					
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address:	ffice address her	rd apt 1115		r the name of the p			
And the second s	•	· ·	ida street address				
	SUNNY ISLE		, Florida ³	Zip Code			
		City		sip coae			

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

Title	<u>Name</u>		Address	Type of Action
MGR	МЕЛА, JAVIER, E		16900 N BAY RD APT 1115	D Add
			SUNNY ISLA, FL 33160	Remove
				Change
MGR	BEJARANO, AMPARO		16900 N BAY RD APT 1115	B Add
			SUNNY ISLES, FL 33160	□ Remove
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		Sign	ature of a	member or	authorized r	esemany	e a mount	er		

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