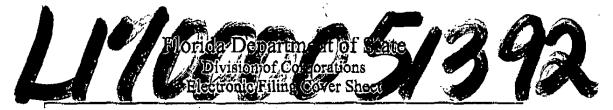
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To:

Division of Corporations

Fax Number

: (850)617-6383

Erom.

Account Name : ALLSTATE CORPORATE SERVICE

Account Number : I20040000031 Phone : (800) 906-922

Phone : (800) 906-9220 Fax Number : (800) 906-9880

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Corporate Filing Menu

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COVER LETTER

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| SUBJECT: | | STICS LLC | | |
| SUBJECT: | | Name of Lim | ited Liability Company | |
| The enclosed | d Articles of | Amendment and fec(s) are sub | mitted for filing. | |
| Please return | all correspo | ndence concerning this matter | to the following: | |
| | | SAL ABECAIS | | |
| | | | Name of Person | |
| | | ALLSTATE CORPORAT | E SERVICES CORP. | |
| | | | Firm/Company | |
| | | 1222 AVENUE M, SUITE | 301 | |
| | | | Address | |
| | , | BROOKLYN, NY 11230 | | ±1 . ~2 |
| | | | City/State and Zip Code | SECRETAR TALLAHASS |
| | | FILING@ACS123.COM | in be used for future annual report notifi | (cetion) |
| For fluther is | nformation c | oncerning this matter, please or | • | m< 1 € 11 |
| NAOMI OS | STOPOWITZ | : | 800 906-9220 at () | Telephone Number 35 |
| | Name o | Person | Area Code Daytime | Telephone Number |
| Enclosed is | a check for th | e following amount: | | • |
| □ \$25.00 F | Filing Fee | S30.00 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 Conter Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Com (A Florida Limite | nany as it now appears on our record Linbility Company) | orda,) |
|--|---|----------------------------------|
| The Articles of Organization for this Limited Liability Compared Plorida document number <u>L17000051392</u> | ny were filed on 03/06/2017 | and assigned |
| This amendment is submitted to amend the following: | ₩. | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lie | ibility Company," the designation "Li | LC' or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | TASE BY |
| (Principal office address MUST BE A STREET ADDRESS) | | T LAW P2 |
| Enter new mailing address, if applicable: | | E P |
| Mailing address MAY BE A POST OFFICE BOX) | | TATE STATE STATE |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | ds, enter the name of the new |
| Name of New Registered Agent: | | |
| Now Registered Office Address: | 180 | |
| 146M IVERIBRATEM OTHER WARRESS. | Enter Florida street addi | 7859 |
| | | Florids |
| | 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 Resistered Agent

بآز

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> | Name | | Address | Type of Action |
|--------------|--------------|----------------|---------------------------------------|----------------|
| AMBR | JOHN MCELHON | _ | 1742 SAN RITTENBERG BLVD, SUITE 20C | = Add |
| | , | , - | CHARLESTON, SC 29407 | □ Remove |
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| E. Effective date, if other than the date of filing: | |
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| E. Effective date, if other than the date of filing: | |
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| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea (b) The 90th day after the record is filed. | riier of: |
| Dated MAY 15 2017 | |
| Signature of a member or authorized representative of a member | |
| STEVEN WEISS | |

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