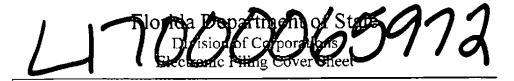
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Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A. Account Number : 120020000087 : (954)389-1333 Phone

: (954)389-1397 Fax Number

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARK PLUS OROL	JP, LLC
(Name of the Limited Linklifty Comes	ny as h now noncars on our returns. Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000065972</u>	were filed on 3/22/17 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	Suite 838 AVENTABA, FL 33180 20900 NE 30TH AVE.
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LL.Q"
Enter new principal offices address, if applicable:	20400 NE 30TH AVE.
(Principal office address MUST BE A STREET ADDRESS)	SUITE 8.38
	AVENTARA, FL 33180 😩 👵
Enter new mailing address, if applicable:	SUITE 838 AVENT :: BIA, FL 33180 20900 NE 30TH AVE.
(Mailing address MAY BE A POST OFFICE BOX)	SUITE 838
	AVENTURA, FL 33180
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records, enter the name of the new e;
New Registered Office Address:	Enter Fiorula succi address
• .	
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent;	
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complete accept the abligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

Page 1 of 3

If Changing Registered Agent, Signpfure of New Registered Agent

_□ Remove

_ Change

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Address Type of Action Title Name KHABIE, ISAAC 20900 NE 30TH AVE. AMBR DbA 🗓 SUITE 838 _□ Remove AVENTURA, FL 33180 _ ☐ Change _□ Add ☐ Remove Add _□ Rémove _□ Change _□ Remove ☐ Change ☐ Add

Page 2 of 3

. Ifame	ending any other information, enter change(s) here: (A:tach additional sheets, if necessary.)	_
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E. Effec	tive date, if other than the date of filing: (optional) (ficulty date is listed, the date inust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	
Note	ffective date is listed, the date must be specific and cannot be prior to date of fring or more true voltage after fining) redistant to the life date inserted in this block does not must the applicable statutory filting requirements, this date will not be liment's effective date on the Department of State's records.	isted as the
if the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	fler of:
Date	X AUGUST 14TH , 2017.	
1	X AUGUST 14 . 2017	
	Signature of a member or authorized representative of a member	
	ISAAC KHABIE	
	Typed or printed name of signer	

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