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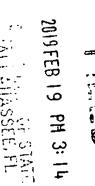
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C. GOLDEN FEB 2 3 2019

## COVER LETTER ...

TO: Registration Sec Division of Corp				
E-PERIWIN SUBJECT:	KLE, LEC			
NOBJECT.	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of 2	Amendment and fee(s) are sub	unitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	YAIRA GARZON			
	E-PERIWINKLE, LLC	Name of Person		
	<del></del>			
	BOCA RATON, FL 33432	Address		
	City/State and Zip Code YAIRA.GARZON@GMAIL.COM			
e e a la la companya di sa		to be used for future annual report notif	ication)	
For further information ec	oncerning this matter, please ca	all:		
YAIRA GARZON		617 640-2711 1 at ()		
Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a check for th	e following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy radditional 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 Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

FILED 2019 FEB 19 PM 3: 14

E-PERIWINKLE, LLC			ELLÍ IT STANE
( <u>Name of the Lin</u>	nited Liability Compar (A Florida Limited L	ny as it now appears on our nability Company)	records.) L.L. AHASSEE, FL
The Articles of Organization for this Limited	Liability Company	were filed on $\frac{03/24/2017}{1}$	and assigned
Florida document number L17000067591	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
E-MIZNER, LLC			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		580 PHILLIPS DR	
		BOCA RATON, FL 334	32
B. If amending the registered agent an registered agent and/or the new registered			ecords, <u>enter the name of the new</u>
Name of New Registered Agent:	NA NA		
New Registered Office Address:	580 PHILLIPS	<del></del>	
		Enter Florida sweet	address
	BOCA RATON		, Florida <u>33432</u>
		City	Zip Code

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. Thereby 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 = V AMBR = A	lanager authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			□ Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove

\_\_ Change

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Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00