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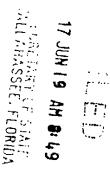
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то:	Registrati Division o							
SUBJI	FCT.	Α	Cer fect	. Ce	5 4 c U	LLC		
				Name of Limit	ted Liability Co	чтрапу		
The en	closed Artic	les of An	nendment and fo	ee(s) are subn	nitted for filin	ıt.		
Please	return all co	rresponde	ence concerning	this matter to	o the followir	ng:		
			Dan	iel	Heller	Person		
						A LLC		
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		-	₩ → 0	nail address: (it	Dr fect	ture annual report	notification)	
For fur	ther informa	tion conc	erning this mat	ter, please cal	II:			
<u></u>	Doniel N	He.	rson		at (<u>BC</u> Are:	9 <u>5</u>) <u>り</u> (Code) Daj	i – 6860 ytime Telephone	Number
Enclos	ed is a check	for the f	ollowing amou	nt:				
□ \$2.	5 00 Filing F	ee	□ \$30,00 Filing Certificate		Certifie	Filing Fee & ed Copy al copy is enclosed)	(o0.00 Filing Fee. Fertificate of Status & Fertified Copy additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

(<u>Name of the Limited Lia</u> {A Flo	bility Company as it now appear rida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	•	5/10/17	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, <u>enter the new name of the l</u>	imited liability company he	<u>ere</u> :	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the d	esignation "LEC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
<u> Principal office address MUST BE A STREET AD</u>	DRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BON)			17 J
3. If amending the registered agent and/or re egistered agent and/or the new registered office a		our records, <u>ente</u>	Signame of the
Name of New Registered Agent:			Size CORIUM
New Registered Office Address:			
	Enter Flor	ida street address	
_		, Florida _	Zip Code
	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	Daniel Heller	420 NE 176 Street	
		North Minni Black Rl 3316	2 □ Remove
			🗹 Change
MGR	Boujania S. Norstein	17231 NE 11 Court	
		North Miami Beach, FL 33162	Remove
			🗹 Change
MGR	Nichan: Heller	120 NE 176 Street	🗹 Add
		North Miami Beach, FL 33162	□ Remove
			D Change
MGR	Ilana Silverstein	17231 PE 11 Cart	□ Add
		North Miani, Beach, Fl 33/	ØZ□ Remove
			_ 🖰 Change
			D Add
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			Change
		FLORIO	And III
			Change

	
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Effective date, if other than the date of filing:	 0.808.0

Page 3 of 3

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