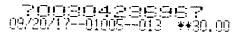
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OCT OF 2017

J. HARRIS

## **COVER LETTER**

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			OO . MATERIAL	
TO:	Registration Sec Division of Corp			
SUBJI	ECT:	1/20 eco 58/ Name of Lin	utions//c	
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		FRANK	C RINI	4200
			Name of Person	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
			· -	
		7801 N FE	DERAL HWY	/0203
			Address	
		BOCA RAT	FON FL :	33487
		H20eco	City/State and Zip Code  50/utions//conserved to be used for future annual re	33487 @ 9MAil-COM
		cerning this matter, please co		
FR	PANK C	RINALDO	at (9/9)	271-9071
	Name of F	erson	Area Code	Daytime Telephone Number
Enclosed	I is a check for the	following amount:		
□ <b>\$</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1120 ~~	20rm		-	.LC	•			
(Name of the Limite	d Liability Compa A Florida Limited L	ny as it n iability C	ow appear ompany)	on our	records.)			
The Articles of Organization for this Limited Lia Florida document number 82-20720	bility Company	were fil	ed on 12 7 :	7-11 34	-17	and ass	igned	
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of	the limited liabi	lity con	pany he	<u>re</u> :				
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Compa	any," the do	signation	"I.LC" or the a	abbreviation "L.	L.C."	_
Enter new principal offices address, if applicable:		78	OL N	Fe	DERAL HWY	y 10203	3	<u> </u>
(Principal office address MUST BE A STREET		Bo	CA RAT	TON	FL 334	87		_
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>		OL N CA RA		FL 33			 
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address here	:	Iress on RINA		cords, <u>enter</u>	the name	of the	new
	7801 N	FEDE	RAL H	wy	10203			
New Registered Office Address:	BOCA R		Enter Flori	la street		33487 Zip Code	2017 007	
New Registered Agent's Signature, if changing Re	gistered Agent:						បា	\$ \$ \$
I hereby accept the appointment as registered	agent and agre	e to act	in this c	apacity	. I further as	gree to comp	ly with	the.

I hereby accept the appointment as registered agent and agree to act in this capitally. 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

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 = A	authorized Member		
Title	Name	Address	Type of Action
MER	FRANK C RINALDO	7801 N FEDERAL Hwy 10203	<b>D</b> Add
		BOCA RATON FL 33487	☐ Remove
			Change
AMBR	ARI M RINALDO	3900 Majestic PALM WY	Add
	ŕ	3900 MAJESTIC PACM WY DelRay BEACH FL 33445	<b>E</b> Remove
			Change
			🗖 Add
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ffective date, if	other than the date of listed, the date must be spec-	of filing:		(optional	)
an effective date is	listed, the date must be specinserted in this block does	cific and cannot be prior	to date of filing or mor	e than 90 days after filing requirements, this date	g.) Pursuant to 605.02 will not be listed
ocument's effect	ive date on the Departme	ent of State's records.		•	
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e record speci	fies a delayed effect after the record is	itive date, but no filed.	t an effective tin	ne, at 12:01 a.m.	on the eather
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ated	7	ure of a member or autho	orized representative of	a member	5 PE 2: 5

Page 3 of 3

Filing Fee: \$25.00