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| (Requestor's Name) |
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| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TILE W 18 JUN 19 PH 3: I SECRETARY OF STATE TALLAHASSEE, FLORID

JUN 2 1 2018 S. YOUNG



6405 South 3000 East, Suite 150, Salt Lake City, UT 84121 W 801-527-1040 • F 801-527-1000 • yorkhowell.com June 7, 2018

Via US First Class Mail

Florida Department of State Registration Section PO Box 6327 Tallahassee, FL 32314

Re: Spiti FL LLC

To Whom It May Concern.

Please accept this letter as our request to file the following enclosed document:

• Articles of Amendment of the Articles of Organization (2 copies).

I have enclosed a check, number 7667 in the amount of \$25.00 to cover the filing fee associated therewith. Please file the enclosed document as soon as you are able and return a date stamped copy to me in the self-addressed, stamped envelope provided.

Thank you for your attention to this matter.

Very truly yours,

1 1 1/11

YORK HOWELL & GUYMON

Spencer Witt, Esq.

Associate to Andrew L. Howell, Esq.

ALH/sw

Encs.

18 JUN 19 PH 3: 16
SLORETARY OF STATE
JALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Spiti FL LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (A Florida Limited) | Liability Company) | |
|--|--|---|
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on June 14, 201 | 7 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation | 'LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 560 Lawrence Avenue | . — — — |
| (Principal office address MUST BE A STREET ADDRESS) | Westfield, NJ 07090 | |
| | | |
| Enter new mailing address, if applicable: | 560 Lawrence Avenue | SEE, F |
| (Mailing address MAY BE A POST OFFICE BOX) | Westfield, NJ 07090 | 3: 16 CORDA |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | ords, <u>enter the name of the new</u> |
| Name of New Negistered Agent. | | |
| New Registered Office Address: | Enter Florida street a | ddress |
| | | . Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations 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 dutie provided for in Chapter 6 | s, and I am familiar with and 605, F.S. Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|----------------------|---------------------|-----------------------|
| MGR | Catherine Kyriakatos | 560 Lawrence Avenue | |
| | | Westfield, NJ 07090 | Remove |
| | | | Change |
| MGR | Michael Gallagher | 560 Lawrence Avenue | Add |
| | | Westfield, NJ 07090 | Remove |
| | | | □ Change |
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| Effective date, if other than the date of filing: | (optional) | |
| (If an effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable sta | of filing or more than 90 days after filing.) I tutory filing requirements, this date w | ursuant to 605.0207 ill not be listed as |
| document's effective date on the Department of State's records. | , , , | |
| he record specifies a delayed effective date, but not an e | effective time, at 12:01 a.m. o | n the earlier of |
| The 90th day after the record is filed. | | |
| Dated 2 2018 | | |
| Dated | | |
| | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00