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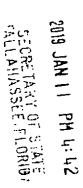
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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Cor			
SUBJECT:	I SUAU LL	C	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	nited Liability Company	Pic M
			7,77
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	mited Liability Company shomitted for filing. For to the following: Name of Person Firm/Company 15- Ave 18 Address FL 33 4 3 2 City/State and Zip Code Sum Q amail. com (to be used for future annual report notification)	
	Tonatt	van Suav	
		Name of Person	
		Firm/Company	
	1000 NW	15 Ave 18	
	2 . 1	Address	
	boca haton,	FL 33432	
	. 10	City/State and Zip Code	
	E-mail address: (to be used for future unnual report notific	cation)
For further information co	oncerning this matter, please c		
Tonathan	n Svav	ar (561) 859	- 3774
Name of	Person	at (561) 859 Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Registra	NG ADDRESS: ation Section n of Corporations	STREET/COURIE Registration Section Division of Corpora	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

I Suaw LLC			10 Va 1
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on or	ır records.)	15 M
The Articles of Organization for this Limited Liability Company Florida document number 41700178761.	.1	1	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
T.V. LL			
The new name must be distinguishable and contain the words "Limited Liab. Enter new principal offices address, if applicable:	ility Company," the designat	ion "LLC" or the abbr	eviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1000 NW Boca Kalo	15+ Ave 1 1, FL 3343	8
B. If amending the registered agent and/or registered or registered or registered agent and/or the new registered office address her		records, <u>enter t</u>	te name of the ne
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stre	et address	<u> </u>
		, Florida	
	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
			□ Remove
			Change
			□ Add
			☐ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00