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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

Division of Cor	porations		
PADCELL,			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		Name of Person	
		Name of Person	
		Firm/Company	
		Address	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please ca	all:	
MANUEL DINER		305 8258151 at ()	
Name o	f Person	Area Code Dayum	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	□ \$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)

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

TO: Registration Section

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

PADCELL, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.17000258216	were filed on 12/19/2017	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 Liabil	lity Company," the designation "LLC" or the	abbreviation "L.IC."
Enter new principal offices address, if applicable:	2806 WESTON RD SUITE B	
(Principal office address MUST BE A STREET ADDRESS)	WESTON, FL., 33331.	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2806 WESTON RD SUITE B WESTON, FL, 33331.	SECRULARY OF COR
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the new
Name of New Registered Agent:		<u>. </u>
New Registered Office Address:	Enter Florida street address	
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
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an effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot ck does not meet the	be prior to date of file applicable statuto	ing or more than 90 days a ry filing requirements,	ofter filing.) Pursuant to 605 this date will not be list	5.020 ted a
ocument's effective date on the De	partment of State's r	ecords.			
e record specifies a delayed The 90th day after the reco	effective date, b rd is filed.	out not an effec	ctive time, at 12:0	1 a.m. on the earl	er
MAY, 29	2018	3			
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	Signature of a member	or authorized repres	entative of a member		

Page 3 of 3

Filing Fee: \$25.00