Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BUSINESS CHOICE, INC.

Account Number : 120010000004

Phone

: (954)782-1829

Fax Number

: (954)697-0245

Effecter the email address for this business entity to be used for future to annual report mailings. Enter only one email address please annual report mailings. Enter only one email address please 🖘

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SAMPLE A-6, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
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T. LEMIEUX

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SAMPLE A-6, LLC | | | <u></u> | |
|--|--|------------------------|----------------|-------------|
| (Name of the Limite | d Liability Company as it now appear A Florida Limited Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited Lic Florida document number L18000030960 | ability Company were filed on _02 | | and assigned | |
| This amendment is submitted to amend the follo | wing: | | | |
| A. If amending name, enter the new name of | the limited liability company ho | ere: | | |
| The new name must be distinguishable and contain the well- Enter new principal offices address, if applies (Principal office address MUST BE A STREE | able: | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | 5 | - 8 | id : |
| | *************************************** | <u> </u> | 3 . T | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | egistered office address on our ss here: | records, enter the nam | S [1] | Sterce |
| Name of New Registered Agent: | CAROLA BEEN | 11 (c) | = 0 | . <u></u> |
| New Registered Office Address: | 411 NORTH NEW RIVER DR | | 64 | ÷ |
| ASIA LEXISIENTA STREET STUTION | _ | lorida sweet uddvess | (D) | |
| | FT, LAUDERDALE | , Florida 🚉 | 5301 | |

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> | Name | Address | Type of Action |
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| amending any other info | ormation, enter change(s) here: (Attach additional sheets, if necessary.) |
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| *************************************** | |
| Note: If the date inserted in- | an the date of filing: [are must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 505,020 this block does not meet the applicable statutory filing requirements, this date will not be listed at the Department of State's records. |
| e record specifies a delayed c ed is filed. | effective date, but not an effective time, at 12:01 a.m. on the entiter of: (b). The 90th day after the |
| Derect _Eart laudardate | |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member |
| CAROLA BEEN | √: |
| × (345,227,5-17,125) | Typed as printed name of signee |