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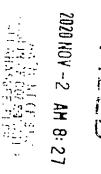
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CFLMTD1			·
CT:	Name of Lin	ited Liability Company	
losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
return all correspo	ondence concerning this matter	to the following:	
	Angela Villanueva		
		Name of Person	
	Nelson Mullins Broad and	Cassel	
		Firm/Company	
	1905 NW Corporate Blvd.	, Ste. 310	
		Address	
	Boca Raton, FL 33431		
	_	City/State and Zip Code	<u> </u>
	jbohl@grassicpas.com		
	E-mail address: (to be used for future annual report noti	fication)
her information c	oncerning this matter, please c	all:	
Villanueva		561 218-6902	
Name o	f Person		e Telephone Number
ed is a check for the	ne following amount:		
5.00 Filing Fec	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		<u>Street Address:</u> Registration Se	ction
Division of C	forporations	Division of Cor	porations
			`allahassee e Street, Suite 810
	bivision of Cor CFLMTDI CCT: closed Articles of return all correspondence of the corr	Name of Line closed Articles of Amendment and fee(s) are subsetum all correspondence concerning this matter Angela Villanueva Nelson Mullins Broad and 1905 NW Corporate Blvd. Boca Raton. FL 33431 jbohl@grassicpas.com E-mail address: (ther information concerning this matter, please c Villanueva Name of Person ed is a check for the following amount: 5.00 Filing Fee \$30.00 Filing Fee	Registration Section Division of Corporations CFLMTD1 LLC CT: Name of Limited Liability Company Person Name of Limited Liability Company Person Name of Person Name of Person Nelson Mullins Broad and Cassel Firm/Company 1905 NW Corporate Blvd., Ste. 310 Address Boca Raton. Fl. 33431 City/State and Zip Code jbohl@grassicpas.com E-mail address: (to be used for future annual report not) her information concerning this matter, please call: Villanueva Solo Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 Registration Section P.O. Box 6327 Registration Sector The Centre of Table C

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

303

CFLMTD1 LLC				三星可
(Name of the Lim	ted Liability Compa (A Florida Limited)	iny as it now appears (Liability Company)	on our records.)	105
The Articles of Organization for this Limited L Florida document number L18000060857	iability Company	were filed on $\frac{3/7/2}{}$	2018	mig and assigned 89
This amendment is submitted to amend the fol	lowing:			- i
A. If amending name, enter the new name o	of the limited liab	ility company hero	<u>e</u> :	
	1 317 5 11715	15. 75. 19.1. 1		
The new name must be distinguishable and contain the	words "Limited Liabi		_	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	25 JOHNSON AVENUE		
(Principal office address MUST BE A STREI	<u>ET ADDRESS)</u>	ADDRESS) RONKONKOMA, NY 11		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> </u>	25 JOHNSON AV		
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:		address on our rec	ords, <u>enter the</u>	e name of the new registered
	6000 BROKEN	SOUND PARKWA	V NW STF 20	00
New Registered Office Address:			a street address	····
	BOCA RATON	N	Floria	da 33487
		City	, . 1011	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 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
			□Change
	~		
			Remove
			□Change
			
			□Remove
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ffectiv	ate, if other than the date of filing:
<u>ote:</u> li	edate is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 and date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a effective date on the Department of State's records.
record is filed	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
S S	TEMBER 23 2020
ateti	
	Signature of a member or authorized representative of a member

Typed or printed name of signee