Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000235666 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 : (561)694-1639 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

S. DANIEL LYNNE.COM LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

AUG 1 4 2018

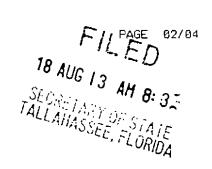
Electronic Filing Menu

Corporate Filing Menu

Help

90

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| S. DANIEL LYNNE.COM LLC | | |
|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|---------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now aupears on our records.) ability Company) | |
| The Articles of Organization for this Limited Liability Company of Plorida document number L18000077675 | were filed on 03/28/2018 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LUC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | fice address on our records, g | enter the name of the no |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florido stree! oddress | |
| | , Fl ori | da |
| | 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> | Name | Address | Type of Action |
|--------------|------------------|------------------------------------------|----------------------|
| MGR | GERBER, LLOYD | 16750 NW 21 ST., #7-206 | □ Add |
| | | PEMBROKE PINES, FL 33028 | ☐ Remove |
| | | | Change |
| MGR | Jeff Vanderpoole | 16750 NW 21 ST., #7-206 | Add |
| | | PEMBROKE PINES, FL 33028 Remove Change | |
| | | | T-Change |
| | | | - Add |
| | | | SS THE THOUSE TO |
| | | | မြောင်း ယ |
| | | | ₽, |
| | | | ☐ Remove |
| | | | Change |
| | | | □ Add |
| | | | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | ☐ Chunge |

| • | | |
|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|
| | | |
| | | |
| _ | 70.00 | _ |
| _ | A COLOR | ۱ |
| | | • |
| | SEE PLONE | |
| | n., | ဂ္ဂ (၁) |
| | | 111 |
| | P. | |
| _ | | |
| <u></u> | | |
| _ | | |
| | | |
| | | |
| _ | | |
| fan effe Note: | (optional) Sective date, if other than the date of filing: Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the control of State's records. | 3Xt he |
| ne rec The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed. | |
| Dated | August 13 . 2018 | |
| | | |
| | Signature of a memoer or authorized representative of a member | |
| | | |

Page 3 of 3

Filing Fee: \$25.00