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FILED SECRETARY OF STATE DIVISION OF CORPORATION

N COOPER MAY 22 2018

COVER LETTER

Division of Corp			
SUBJECT: US	Commercial Dip Name of Limi	Ilomacy, LLC ited Liability Company	
	mendment and fee(s) are sub-	_	
,			
	Brandy Pollack	Name of Person	
	US Commerce	Firm/Company	
	2627 NE 203rd	Street, Suite 218 Address	****
	Aventura, FL 33	3180 City/State and Zip Code	
	brandypollack@ E-mail address: (t	,	cation)
For further information cor	ncerning this matter, please ca		
Brandy Pollack		at (786)623	3-9399
Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	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)
MAILIN	NG ADDRESS:	STREET/COURIE	R ADDRESS:

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

TO:

Registration Section

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

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

(Name of the Limited Liability Companion (A Florida Limited L.	nacy, LLC nv as it now appears on our records.)	
	1 1	
The Articles of Organization for this Limited Liability Company	were filed on 5 10 18	_ and assigned
Florida document number <u>L\8000 N7509</u> .		
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	ity Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	2627 NE 203rd Street, Suite 218	= 00
(Principal office address MUST BE A STREET ADDRESS)	Aventura, FL 33180	2008 2003 2003
Enter new mailing address, if applicable:	2627 NE 203rd Street, Suite 218	RY OF SHA CORPORAL AM IO:
(Mailing address MAY BE A POST OFFICE BOX)	Aventura, FL 33180): 32 32
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street address	
	Florida	
		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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			☐ Remove
			Change
			
			□ Remove
			Change
			□ Add
			Remove
			☐ Change
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Tective date, if other than the date of filing:	•

Page 3 of 3

Filing Fee: \$25.00