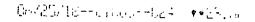
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(Re	questor's Name)	
(Ad	dress)	
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(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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N COOPER JUN 26 2018

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	rgen Amedry Name of Lim	Name of Limited Liability Company Indiment and fee(s) are submitted for filing. Indice concerning this matter to the following: Part Part Part	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Brya	Name of Person	<u> </u>
		Firm/Company	
	/200	S. Rusen	Circle #4
	Boca	Refer FC City/State and Zip Code	3348)
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please co	ıll:	
Bryane o	Person	at (Set) Set	S-6035 Telephone Number
Enclosed is a check for the	e following amount:		
€ 27 \$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

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

· · · · · · · · · · · · · · · · · · ·	<i>)</i>	
	any as it now appears on our reco	ords.)
	Liability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18 000/4850</u> {	were filed on 6/15	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		₩
(Principal office address MUST BE A STREET ADDRESS)		
		2
Enter new mailing address, if applicable:		5 gya 2000 AM di
(Mailing address MAY BE A POST OFFICE BOX)		හු <u>දැ</u> හා ::=
		<u> </u>
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Devid Steinberg	7515 San Hates Dr E Boca Roten FL 3343	Add
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fan etfective <u>Sote:</u> If the		ate must be specifi this block does t	c and cannot be not meet the ap	plicable statuto		(optional) days after filing.) P nents, this date wi		
	specifies a de h day after th			not an effe	ctive time, at	12:01 a.m. or	the ear	lier of
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Dated	·		<u> </u>		entative of a memb			

Page 3 of 3

Filing Fee: \$25.00