## 118000/60/96

| (Re                     | questor's Name)    |           |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
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| (Do                     | ocument Number)    |           |
| Certified Copies        | Certificates       | of Status |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE OF STATE OF CORPORATIONS

N COOPER SEP 0 5 2018

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

| SUBJECT: ALEXANDE  | A JANJUSCI:            | IEWSKY I I C.                                     |                          |
|--|------------------------|---|--------------------------|
| SOBJECT: THE CONTINUE DE   |                        | ted Liability Company                             | <del></del>              |
|  |                        |   |                          |
| The enclosed Articles of Amendmen  | it and fee(s) are subr | nitted for filing.                                |                          |
| Please return all correspondence con                                       | cerning this matter    | to the following:                                 |                          |
| ^  |                        | 70, 40, 6, 45, 6, 6, 6                            | · .                      |
| <del> </del>   | ILEXANDRA              | JANUSCHEWSK<br>Name of Person                     | Υ                        |
| £  | H EXAND?A              | JANUSCHE WSKY                                     | 11.6                     |
|  | CCATTORICE             | Firm/Company                                      | Later C                  |
| 1  | 050 COL                | NIAL AVE. SE                                      |                          |
| <del></del>  |                        | Address   |                          |
| <u> </u>   | ALM BAY,               | FL 32909<br>City/State and Zip Code               |                          |
|  |                        |   |                          |
|  | E-mail address: (t     | UCSCHE GINAIL<br>o be used for future annual repo | rt notification)         |
| For further information concerning t                                       | his matter, please ca  | ill:  |                          |
| A LEXANDRA JANU  | <u> CCH(EMZK)</u>      | at(321_)89  | 18-4449                  |
| Name of Person   |                        | Area Code - f.                                    | Daytime Telephone Number |
| Under and it a shoot for the Calerine                                      | . amount               |   |                          |
| Enclosed is a check for the following  25.00 Filing Fee \$\square\$ \$30.0 | -                      | X \$55.00 Filipo Fee &                            | □ \$60.00 Filing Fee     |
| Cer  | tificate of Status     | Certified Copy  (additional copy is enclosed      | Certificate of Status &  |
| MAILING ADDI   | RESS:                  | STREET/C  | OURIER ADDRESS:          |
| Registration Section Division of Corpo                                     | n                      | Registration<br>Division of C                     | Section                  |

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALEXANDRA JANI   |  |  |  |
|--|--|--|--|
| (Name of the Limited Liability Compar<br>(A Florida Limited L  | ny as it now appears on our reco<br>Liability Company)   | <u>irds.</u> )   |  |
| The Articles of Organization for this Limited Liability Company Florida document number <u>LISOONGOIGG</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability                                  |  | 2015 and assigned  |  |
| The new name must be distinguishable and contain the words "Limited Liabil   | ity Company," the designation "I.                        | LC" or the abbreviation "L.L.C."                           |  |
| Enter new principal offices address, if applicable:  | 1050 COLONIAL  | AVE. SE  |  |
| (Principal office address MUST BE A STREET ADDRESS)  | PALM BAY, FL   | 3,2909 = =   |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  | 1050 COLONIAL<br>PALM BAY, FL 3                          | <b>70</b> ₹0-  |  |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  |  | い 葉<br>rds, <u>enter the name of the new</u>               |  |
| Name of New Registered Agent:  |  |  |  |
| New Registered Office Address:   |  |  |  |
|  | Enter Florida street address                             |  |  |
|  | City ,   | Florida  |  |
| New Registered Agent's Signature, if changing Registered Agent:  | O.,,   | ng von   |  |
| I hereby accept the appointment as registered agent and agro-<br>provisions of all statutes relative to the proper and complete<br>accept the obligations of my position as registered agent as p<br>being filed to merely reflect a change in the registered office | performance of my duties,<br>provided for in Chapter 60. | and I am familiar with and 5, F.S. Or, if this document is |  |

If Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|---------------------|-----------------------------|----------------|
| <u>MGR</u>   | A LEXANDRA JANUSCHE | LUSKY 1050 COLDNIAL AVE. SE |                |
|              |                     | PALM BAY, FL 32909          | □ Remove       |
|              |                     |                             | Change         |
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|              |                     |                             | C Channer      |

| PALM BAY, FL 32909   | AND CHANGE TH  | TLE FROM         | CEO TO                |
|--|--|------------------|-----------------------|
| MGR. THANK YOU!  |  |                  |                       |
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|  |  |                  | <u>.</u> .            |
| e date, if other than the date of filing: _ tive date is listed, the date must be specific and car the date inserted in this block does not meet t's effective date on the Department of State | mot be prior to date of filing or mot<br>the applicable statutory filing |                  | ling.) Pursuant to 60 |
| ord specifies a delayed effective date<br>90th day after the record is filed.  | e, but not an effective tir  | ne, at 12:01 a.i | m, on the earl        |
| 210C-25-3  |  |                  |                       |
|  | / / /  |                  |                       |

Page 3 of 3

Filing Fee: \$25.00