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Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corporations	
UBJECT: Temprite Services LLC Name of Limited Liability Company	
Name of Limited Liability Company	
ne enclosed Articles of Amendment and fee(s) are submitted for filing.	
ease return all correspondence concerning this matter to the following:	
Stephanie Simak	
Temporte Services LLC Firm/Company	
Firm/Company	
3001 MW 33rd Crt	
Address	
Oakhand Park Fl 333	39
one, out and the article	•
E-mail address: (to be used for future annual report notification)	. C~~
or further information concerning this matter, please call:	
Name of Person at (954) Area Code Daytime Telephone Number	
Same of Felson Area Code Dayane Felephone Sumber	
closed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Certificate of Certificate of Certificate of Certificate of Certified Copy (additional copy is enclosed)	of Status & py

MAILING ADDRESS:

TO:

Registration Section

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

Temark.	Springer LI
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Li Florida document number	
This amendment is submitted to amend the follo	
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the wa	ords "Limited Liability Company," the designation "L1.C" or the abbreviation "L1.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE	T ADDRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE I	BOX)
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>enter the name of the n</u> fice <u>address here</u> :
Name of New Registered Agent:	Paul Iori
New Registered Office Address:	Acci W 33rd C+ Enter Florida street address
	Oakland Fak Florida 33309 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 a or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Actio
4MDB	Paul Zori	2001 NO 3312 (1+	🖸 Add
		Cakrand Purk	□ Remove
		FL 33309	Change
			D Add
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Note:	ive date, if other than the date of filing: (OCC) 15. 2014 (optional) fective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed tent's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
Dated	Signature of a member or authorized representative of a member
	· · · · · · · · · · · · · · · · · · ·

Page 3 of 3

Filing Fee: \$25.00