P.001/004 12/07/2018 ĀRASĒC 12/7/2018 Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** 121383 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. (((H18000348725 3))) H180003487253ABC5 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page Doing so will generate another cover sheet. OFT 10 AM 8: FT To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : PARASEC Account Number : 12018000085 Phone : (916)576-7022 Fax Number : (800)603-5865 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 265 NW 59 LLC ö Certificate of Status 0 1 Certified Copy 0 ににに Page Count 01 Estimated Charge \$25.00 DEC 1 1 2019 A. LUNT Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:	Enter Florida street ad	ldress
	Ciry	, 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

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(FAX)9165767010

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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

Title	Name	Address	Type of Action
AMBR	IVIP Inc.	1830 N University Dr. #200	🖬 Add
		Plantation, FL 33322	
			Change
·······			D Add
			C Remove
<u></u>		•	SEC. F.
			Remove of SS
	- <u></u> .		DAdd
			Remove
			Change
AMBR			🖸 Add
			D Remove
			Change
			🖬 Add
	·		Remove
			Change



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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)



If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated	12/7/2018			
			1	

michael waiters

Signature of a member or authorized representative of a member

Michael Walters

Typed or printed name of signee

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