

L1900000 5776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

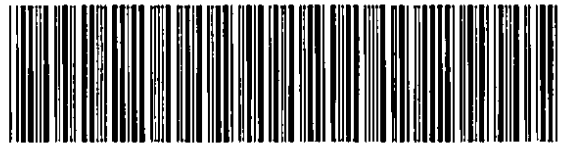
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEC 26 2018

2018 DEC 26 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

FILED

ARTICLES OF ORGANIZATION
OF
AMICON MANAGEMENT, LLC

NOTED 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I

The name of the limited liability company formed hereby is AMICON MANAGEMENT, LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

7448 NE 4th Court
Miami, Florida 33138

ARTICLE IV

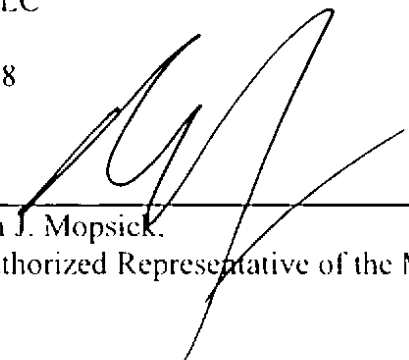
The name and street address of the Registered Agent of the Limited Liability Company in the State of Florida are as follows:

Laura Ross, Esq.
Fowler White Burnett, P.A.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Amicon Holdings, LLC
7430 NE 4th
Miami, Florida 33138



Adam J. Mopsick,
as Authorized Representative of the Member

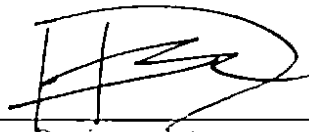
CERTIFICATE OF DESIGNATION OF REGISTERED AGENT
AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the State of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is AMICON MANAGEMENT, LLC.
2. The name and address of the Registered Agent and Office is:

Laura Ross, Esq.
Fowler White Burnett, P.A.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in this Certificate, 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 relating 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.



Laura Ross, Registered Agent
Date: December 17, 2018

AMICON MANAGEMENT, LLC.

By: _____

Adam J. Mopsick,
as Authorized Representative of the Member



Fowler White Burnett

ATTORNEYS AT LAW

Miami | Fort Lauderdale | Palm Beach

Laura Ross

(305) 789-9226 direct
(305) 728-7526 fax
lross@fowler-white.com

December 19, 2018

VIA FEDERAL EXPRESS

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Name Change and Formation of New LLC - Amicon Management, LLC

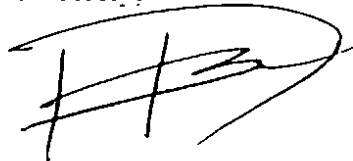
Dear Sir/Madam:

We represent Amicon Management, LLC. Our client would like to change its company name from Amicon Management, LLC to "Amicon MGMT Legacy, LLC" in order to free up the name to form a new limited liability company named "Amicon Management, LLC." Accordingly, enclosed please find the following:

1. Articles of Amendment for Amicon Management, LLC changing the name of the company to "Amicon MGMT Legacy, LLC" together with check no. 069242, in the amount of \$25.00 for the filing fee (**PLEASE, FILE FIRST**);
2. Articles of Organization and Designation of Registered Agent for "Amicon Management, LLC" together with check no. 069243, in the amount of \$125.00 for the filing fee (**PLEASE, FILE SECOND**);

Should you have any questions, please do not hesitate to call me at (305) 789-9226.

Sincerely,



Laura Ross

LR/al
Enclosures