## Elorida Departments of State (Division of Corporations) Electronic Eding Cover Sheet

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limiter	Liability Compa Florida Limited	ny as it now appears on our records. Liability Company)	)				
The Articles of Organization for this Limited Liability Company were filed on 05/16/2019 and assigned  Florida document number L19000132317							
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of	the limited liab	ility company here:					
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation 'L	.L.C."	_		
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		16900 porth east 23rd Ave					
		North Miami Beach FL 33160	· <u>-</u>	201	_		
			•	S	<del>-</del> - (		
			•	<u>.</u>			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		16900 north east 23rd Ave		9			
		North Miemi Beach FL 33160			يزالي		
			<u> </u>	<u>:</u>	<u>.</u>		
				50			
B. If amending the registered agent and/o			enter the name	of the	пеw		
registered agent and/or the new registered offi	ce sootess ber	<u>c</u> .					
Name of New Registered Agent:	Rocket Lawyer Corporate Services LLC						
New Registered Office Address:	155 Office Plaza	Drive 1st floor					
A STATE OF THE STA	Enter Florida street address				<del></del>		
	Tallahassee	, Flor	rida 32301	32301 Zip Code			
		City	Zip Code				
New Registered Agent's Signature, if changing Re	gistered Agent:	<u>.</u>					
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re	r and complete tered agent as ,	performance of my duties, and provided for in Chapter 605, F	d I am familiar wi F.S. Or, if this doc	th and ument is			

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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
AMBR	Philip Goldman	16900 north cast 23rd Ave	
		North Miami Beach FL 33160	□ Remove
			<u> </u>
			□ Add
			CI Remove
			☐ Change
		Change AH 10: 5	
		· · · · · · · · · · · · · · · · · · ·	Change
		☐ Remove	
			☐ Change
			□ Remove
			C Change
			C Add
		,	□ Remove
			Change

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

2019 SEP 16 AMIN: 50

AH 10: 50

E. Effective date, if other than the date of filing:

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 September 12th 2019

Signature of a member or authorized representative of a member

Philip Goldman

Typed or printed name of signee

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