

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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-3703 Fax Number : (561)844-2388

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Md QQdr-Jaw. Com

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	
The Assistes of Organization for this Limited Liability Company were filed onand as	
Florida document number L20000037926	ssigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MAR 26
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 m
R. If amending the registered agent and/or registered office address on our records, enter the name of the r	new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
, Florida	
City Zip Co	de

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

(((H20000093352 3)))

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>	Name	Address	Type of Action
MGR	MICHAEL BERKENBLIT	1010 MORSE BLVD	□Add
_		SINGER ISLAND, FL 33404	■Remove
			Change
			□Add
			2000 HARES 6
			☐ ☐Remove
			□Add
			□ Remove
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(lf ar	ective date, if other than the date of filing: (optional) 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 60 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listement's effective date on the Department of State's records.	5.0207 (3)(b) ted as the
the record i	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft is filed.	er the
	1ed MARCH 23 0 , 2020.	
Da		
Da	Signature of a member of authorized representative of a member	

Filing Fee: \$25.00

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