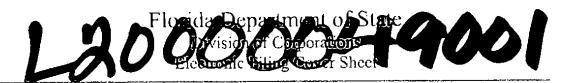
Division of Corporations



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Fax Number : (850)617-6383

From:

Account Name : MITTENTHAL WEINSTEIN

Account Number : I20130000041 Phone : (561)862-0955

Fax Number

: (561)665-5028

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

Email Address: WEIN STEIN C MLW-ATTORNETS! Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **PULSE 11 LLC**

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	PULSE 11 I			
SUBJEC	T:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Jeifrey C. Weinstein		
			Name of Person	<del></del>
		Mittenthal Weinstein LLP		
	Firm/Company			
		3100 S Federal Highway S	Suite B	
	Address			
		Delray Beach, FL 33483		
			City/State and Zip Code	
		weinstein@inw-attorneys.co	om to be used for future annual report notification)	
For furth	er information co	oncerning this matter, please or		
Jeffrey (	Weinstein		561 862-0955 Ext 3	
	Name of	Person	Area Code Daytime Telephone Numb	et.
Factored	Lis a check for th	e following amount:		
	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	Filing Fee, tate of Status & ad Copy al copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	810

## 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 February 11, 2020 and assigne Florida document number L20000049001	d
Florida document number	
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 "LLC".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered office address here:	gistered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
City Florida Zip Code	
**************************************	

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Sparing Partners 2 Inc.	33 SE 4th Street, Suite 100	DAdd
		Boca Raton, FL 3332	□Remove
			<b>■</b> Change
			□Add
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cument's effective date on the Department of State's record	ls.
ecord 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
is filed.	
2020	
March 11, 2020	
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Signature of a member or mar	thyrical representative of a member

Filing Fee: \$25.00