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COVER LETTER

TO:

TO: Registration Section Division of Corporations		
SUBJECT: 2 AYCS, (LLC	
3000De1	Name of Limited Liability Company	
The enclosed Articles of Amendment a	and fee(s) are submitted for filing.	
Please return all correspondence concer	erning this matter to the following:	
	Janine Sari Name of Person	
	2 Arcs UC Firm/Company	
	7957 N. University Dr Address	
	Parkland FL 33067 City/State and Zip Code	
-	E-mail address: (to be used for future annual report notification)	
For further information concerning this	s matter, please call:	
Janine Savii Name of Person	at (954) 501 - 4553 Area Code Daytime Telephone Number	()
Enclosed is a check for the following ar	imount:	
	Filing Fee & S55.00 Filing Fee & S60.00 Filing Eee, icate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Eee, Certificate of Status & Certified Copy (additional copy is enclosed)	ı
* Arrimond AMBR	- to open Business bank account.	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2 ARCS	5, LLC			
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears of la Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability (Company were filed on	15051 POL	and as	signed
Florida document number <u>L21</u> 000313925				
This amendment is submitted to amend the following:	ADD AMBR			
A. If amending name, enter the new name of the lim	nited liability company here	: :		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	gnation "LLC" or the ab	breviation "l.	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)			
		<u> </u>	·	
	_			$\langle \rangle$
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				<u>. </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our reco	ords, <u>enter the nam</u>	e of the ne	w-registered
Name of New Registered Agent:				
New Registered Office Address:	Finter Floride	street address		
	Torial Tronal			
	City	, 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 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
<u>ambr</u>	Janine, Sarli	7957 N. University Dr. Parkland FL	<u>∕</u> X Add ⊘ 67
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vote: If the date	inserted in this	block does not	meet the appli	cable statutory f	iling requirem	ents, this da	te will not be	listed as
document's effect	ive date on the	Department of	State's records	5.				
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record specifies d is filed.	a delayed effect	live date, but no	ot an effective t	ime, at 12:01 a.	m. on the earli	er of: (b)	The 90th day a	after the
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Dated		Dan	ino	_) <i>g</i> u	21			
Dated		Signature of a	member or auth	orized representa	tive of a member			