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|           |                | (Requ      | estor's Name | •)         | <u>-</u> . |
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| Certified | Copies         |            | Certificat   | es of Stat | ius        |
| Specia    | al Instruction | ns to Fili | ng Officer:  |            |            |
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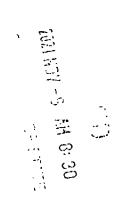
Office Use Only

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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |   |  |   |
|--|---|--|---|
| SUBJECT:                               | Ulence fine<br>Name of Lim                      | oncial Solution ited Liability Company   | ons L. L.C.   |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | mitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter                  | to the following:  |   |
|  | Jasmine   | Name of Person   |   |
|  |   | Firm/Company   |   |
|  | 1830 N. UC                                      | ivesity Drive,   | 256   |
|  | Plantation,                                     | FL 33330<br>City/State and Zip Code  |   |
|  | Drettyambiti<br>Esmail address (1               | FL 33333<br>City/State and Zip Code<br>Con 8809 Gmail - Converted to be used for turbre annual report notification to be used for turbre annual report notification. | 1<br>ification)   |
| For further information c              | oncerning this matter, please ca                |  |   |
| Jasmine<br>Name o                      | Trapp<br>(Person                                | at ( <u>JS4</u> ) <u>816-7</u><br>Area Code Daytim   | 904<br>ne Telephone Number  |
| Enclosed is a check for th             | ne following amount:                            |  |   |
| □ \$25.00 Filing Fee                   | ☑ \$30,00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  | ☐ \$60,00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|  |   |  |   |

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

| OPULE 1 CE F. (Name of the Limited Liability)   | Company as it now appears on our records.)  Limited Liability Company) |
|---|--|
| (A Florida I.   | Limited Liability Company)   |
| The Articles of Organization for this Limited Liability Con   | mpany were filed on $\frac{9/38/2031}{2000}$ and assigned              |
| Florida document number <u>L21000 426623</u>  | <del>)</del>   |
| This amendment is submitted to amend the following:   |  |
| A. If amending name, enter the new name of the limited to the limited to the new name must be distinguishable and contain the words "Limited to the new name must be distinguishable and contain the words "Limited to the new name of the limited to the new name of |  |
| Enter new principal offices address, if applicable:   |  |
| (Principal office address MUST BE A STREET ADDRE  | ESS)   |
|   |  |
| Enter new mailing address, if applicable:   |  |
|   |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |
|   | <u> </u>   |
| P. If amonding the registered agent and/or registered   | office address on our records, enter the name of the new registered    |
| agent and/or the new registered office address here:  | office address on our records, enter the name of the new registered    |
|   | T. T.  |
| Name of New Registered Agent:   |  |
| Name of New Registered Agent.   | 30   |
| New Registered Office Address:  |  |
|   | Enter Florida street address   |
|   | Florida  |
|   | City 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 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

| <u>Title</u> | <u>Name</u>   | Address                 | Type of Action |
|--------------|---------------|-------------------------|----------------|
| <u>CEO</u>   | Jasmine Trapp | 1830 M University Drive | <u> </u>       |
|              |               | Plantation, FL 33322    |                |
|              |               |                         | BChange        |
|              | <del></del>   |                         | □Add           |
|              |               |                         | □Remove        |
|              |               |                         | ⊡Change        |
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|              |               |                         | □Remove        |
|              |               |                         | □Change        |

|                  | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| Fffer            | ctive date, if other than the date of filing: (optional)   |
| (lf an e<br>Note | 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: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| he reco          | ord 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 filed.  |
| Dated            | d 11/4/2001  |
|                  |  |
|                  | Signature of a member or pathorized representative of a member   |
|                  | i inclined of a member   |
|                  | Jasmine Trans  |