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| (Req | uestor's Name) | |
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| Certified Copies | Certificate: | s of Status |
| Special Instructions to F | iling Officer: | |
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| TO: Registration Se Division of Cor | | | |
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| SUBJECT: Aiv | Par 1 France Name of Lim | SP(VICES.L) C | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | Tal Men | nachem Name of Person | |
| | | Firm/Company | |
| | 5448 MILL | enia Laka Blvd Address | Apt 7401 |
| | OPlando, f | City/State and Zip Code | |
| | | obcused for future annual report noti | |
| For further information c | oncerning this matter, please ca | ali: | |
| Tal Men a Name o | den i Person | at (813) 375 Area Code Daytim | 153 5 ne Telephone Number |
| Enclosed is a check for th | ne following amount: | | |
| ☐ \$25.00 Filing Fee | Sign Sign Status Sign Sign Sign Sign Sign Sign Sign Sign | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres Registration 9 | | <u>Street Address:</u> Registration Se | ction |
| Division of C | | Division of Cor | |
| P.O. Box 632 | | The Centre of T | |
| Tallahassec, l | FL 32314 | 2415 N. Monro | e Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF FILED

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| address on our record | ds. enter the name of the new register |
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| Enter Florida sti | treet address |
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| City | Florida Zip Code |
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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> | <u>Address</u> | Type of Action |
|--------------|--------------|---|-------------------|
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| an effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days tote: If the date inserted in this block does not meet the applicable statutory filing requirements ocument's effective date on the Department of State's records. | after filing.) Pursuant to 605.0207 (|
| record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of is filed. | of: (b) The 90th day after the |
| ated 03-114-363-3. Tal lis Signature of a member on sudmirized representative of a member. | |
| Signature of a member or authorized representative of a member | |
| Tal becacles Typed or printed name of signee | |