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| TO: Registration S Division of Co | rction quorations | | | |
| SUBJECT: | Motionn Dept | · LLC | | |
| | rame of Limite | ed Liability Company | | |
| | Amendment and fee(s) are submondence concerning this matter to | _ | | |
| | Brandon | Warne of Person | | |
| | <u>Motionn</u> (|)ept. LLC Firm/Company | | |
| | 10261 SW 2 | H COURT | | |
| | <u>Miramar</u> | FL 80025 City/State and Zip Code thi @ 1000d.com | | ,, |
| | Soulun norto | ti @ 1000d.com o be used for future annual report notif | ication) | 1 |
| For further information of | oncerning this matter, please ca | ill: | $\frac{1}{2}$ | • |
| Brandon | Wamley | at 186 385- | 6 383 CAL | |
| | ., | Alea Code Dayum | e Astelnione Common | |
| Enclosed is a check for the | ne following amount: | | | |
| ☐ \$25.00 Filing Fcc | \$30,00 Filing Fee & | ☐ \$55,00 Filing Fee & Certified Copy | ☐ \$60.00 Filing Fee. Certificate of Status | æ |

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Certified Copy

(additional copy is enclosed)

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MOTIONN DEPT. LLC
(Name of the Limited Liability Company as it now appears on our records.)

| | (A Florida Lumted Liability Company) | | | | |
|--|---|--|--|--|--|
| The Articles of Organization for this Limited Liability Compan Florida document number L21000524495 | y were filed on December 13,2013 and assigned | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited lial Pain Killas LLC. The new name must be distinguishable and contain the words "Limited Liabs | | | | | |
| Enter new principal offices address, if applicable: | 10261 Sw 24th Ct | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Miramar, FL 32025 | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | · | | | | |
| agent and or the new registered office address here: | 'αίπ ω ' | | | | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: Enter Florida street address | | | | | |
| | , Florida | | | | |
| | Cir. 7:- C-1- | | | | |

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

| Title | Name | Address | Type of Action |
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