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To:

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Division of Corporations Fax Number : (850)617-6383

From:

Account Name	: COMPUTERSHARE
Account Number	: 110432003053
Phone	: (561)694-8107
Fax Number	: (561)214-8442

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

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Help

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:		,
		• .
New Registered Office Address:		L
	Enter Florida street address	م ^ر ور 1
	. Florida	4
		'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.

MGR = M $AMBR = A$	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Actio
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			🗆 Remove
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			🗆 Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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(If an effective date i <u>Note:</u> If the date	if other than the date of filing is listed, the date must be specific and e inserted in this block does not n etive date on the Department of S	d caunot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies record is filed.	a delayed effective date, but not	it an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	ber 7	
/s/ (Caitlin Lazarus	
	Signature of a r	member or authorized representative of a member
Caitli	n Lazarus, Attorney-in-Fa	act

Typed or printed name of signee