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

From: Account Name : TAX, ACCOUNTING AND FINANCIAL SERVICES
Account Number : 12012000005H
Phone : (305)438-7671
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIVE CLOVERS LLC

| | |
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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FIVE CLOVERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/10/2012 and assigned
Florida document number L12000103009.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending 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:

Name of New Registered Agent:

TAX, ACCOUNTING & FINANCIAL EXPERTS INC

New Registered Office Address:

20900 NE 30TH AVE SUITE 817

Enter Florida street address

AVENTURA

Florida

33180

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|---|--|
| MGR | PABLO HOBERMAN | 4700 SHERIDAN STREET STE J HOLLYWOOD, FL 33021 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | MARIA DOLORES FONTIN | 4700 SHERIDAN STREET STE J HOLLYWOOD, FL 33021 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | ROBERTO DORMAL | 4700 SHERIDAN STREET STE J HOLLYWOOD, FL 33021 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | JORGE DORMAL | 4700 SHERIDAN STREET STE J HOLLYWOOD, FL 33021 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

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STATE OF FLORIDA
TALLAHASSEE FL 32310

FILED

Dated NOVIEMBRE 11, 2013

ROBERTO DORMAL
 Signature of a member of authorized representative of a member
ROBERTO DORMAL
 Typed or printed name of signer