

3/26/2014 08:38:54 SALVER AND COOK PAGE 01/04
 Division of Corporations

L 14000048643

Florida Department of State
 Division of Corporations
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To: Division of Corporations
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From: Account Name : PAUL SALVER, P.A.
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****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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K. SALY
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SEABED INTERMEDIARY, 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 3/25/14 and assigned Florida document number L14000048643.

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(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:

PAUL SALVER, PA

New Registered Office Address:

2721 EXECUTIVE PARK DRIVE, SUITE 4

Enter Florida street address

WESTON

City

Florida 33331

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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

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

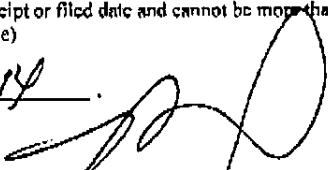
MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FLORIDA EXCHANGE CORP.	1900 NW CORPORATE BLVD.	<input type="checkbox"/> Add
		SUITE 201E, EAST BLDG	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	
AMBR	FEC SERVICES, LLC	1900 NW CORPORATE BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 201E, EAST BLDG.	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input 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.)

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/25 2014



Signature of a member or authorized representative of a member

PAUL SALVER, AUTHORIZED PERSON
 Typed or printed name of signee