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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: FERNANDO DIMENO

Account Number : 074553003252

Phone

: (305)826-1711

Fax Number

: (305)826-1738

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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ARTICLES OF AMENDMENT TO | ARTICLES OF ORGANIZATION OF |

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| ON | 2017 AUG-1 AM 8:51 MALLAHASSEE FLORIE |
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HISEMILLITA SUNFLOWER, L.L.C. (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 APRIL 1 2014 and assigned Florida document number ____L14000053282 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 contain 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: New Registered Office Address: Enter Florida street address , Florida ___ City 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

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company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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> | Name | Address | Type of Action |
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| MGRM | MONTES-PARIS, MIGUEL | 2727 GEORGIA AVENUE | |
| | | WEST PALM BEACH FL 33405 | ■ Remove |
| | | | ☐ Change |
| MGRM | FITZGERALD MARTHA LIA | 10473 LAKE VISTA CIRCLE | ■ Add |
| | | BOCA RATON FL 33498 | □ Remove |
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| of filing or more than 90 days after filing.) Pursuant to 605.0207 atutory filing requirements, this date will not be listed as |
| effective time, at 12:01 a.m. on the earlier of |
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| |
| representative of a member |
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Typed or printed name of signee

Page 3 of 3
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