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## Florida Department of State

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Division of Corporations

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From:

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Account Number : I20100000019 Phone : (561)366-5138 Fax Number : (561)366-5180

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		ENT TEN, LLC ay as it now appears on o lability Company)	ur records.)			
The Articles of Organization for this Limited Llab Florida document number L14000118014	lity Company	were filed on July 20	3, 2014	and as	ssigned	
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the	he limited liabi	lity company here:				
					<u> </u>	,
The new name must be distinguishable and end with the wo	rds "Limited Lieb	- , –		abbroviation '	"InlaC."	
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2199 Ponce de Leon Blvd.				
		Suite 201	00404			
		Coral Gables, F	L 33134	<u>厂</u> 傷	<del></del>	-
Enter new mailing address, if applicable:				AR R	NON .	- 'A
(Malling address MAY BE A POST OFFICE BOX)		P.O. Box 3435		25.25		tesp
		West Palm Bea	ch, FL 33401		D garage	7-7
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, enter	Che man	œ †** ••of the i	iew
Name of New Registered Agent:	Corporate 0	Creations Network	Inc.			-
New Registered Office Address:	11380 Prosperity Farms Road, #221E					
		Enter Florida s				_
	Palm Beac	h Gardens	, Florida <u>3</u>	3410	<del></del>	_
	City			Zip Coo	le .	

## 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 filled 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.

Diana Serra, Vice President

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	FCI Residential Corporation	2199 Ponce de Leon Blvd., Suite 201	<b>=</b> Add
		Coral Gables, FL 33134	Remove
· <del></del>			🗅 Add
			Remove
			<del></del>
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D. If amending any other information, enter change(s) her	re: (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 the date this document is filed by the Florida Department of State)	filed date and cannot be more than 90 days after
Dated November 11 2014	
	1
· · · · · · · · · · · · · · · · · · ·	horized representative of a member
	pernilla, Vice President

Page 3 of 3

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