3/4/2016



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Email Address:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

: (561)694-8107

Fax Number

: (561)694-1639

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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| COLLEGIUM UGA MANAGER, LLC | ÄH. |

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Collegium UGA Manager, LLC | | | | | |
|--|--|---|-------------------|--|------------|
| (Name of the Limit | ed Liability Compa (A Florida Limited L | ny as it now appears on or Jability Company) | ir records.) | | |
| The Articles of Organization for this Limited Li | ability Company | were filed on Septemb | er 22, 2014 | and ass | igned |
| Florida document number L14000148561 | | | | | |
| This amendment is submitted to amend the following | owing: | | | | |
| A. If amending name, enter the new name of | the limited liab | ility company here: | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | ity Company," the designat | tion "LLC" or the | abbrevistion "L. | L.C." |
| Enter new principal offices address, if applic | able: | 7900 Glades Road, Su | ite 540 | | |
| (Principal office address MUST BE A STREE | Boca Raton, FL 33434 | 4 | | | |
| | | | | | |
| Enter new mailing address, if applicable: | | 7900 Glades Road, St | ite 540 | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | Boca Raton, FL 33434 | 4 | | |
| B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent: New Registered Office Address: | Corporate Crea | tions Network, Inc. Ty Farms Rd., #221 E Enter Florida street | | B MAR -U □ IZ: 5 CRETARY OF STASS -AHASSEE, FILORS | of the new |
| | | Ctiv | | > 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

Jessica Morales, Special Secretary

Changing Registered Agent, Signature of New Registered Agent

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 |
|--------------|---------------------|---------------------------------|--|
| MGR | Benjamin Macfarland | 400 N. Congress Ave., Suite 100 | |
| | | West Palm Beach, FL 33401 | ■ Remove |
| | | | Change |
| MGR | PCH Collegium, LLC | c/o Pebb Capital | Add |
| | | 7900 Glades Rd., Suite 540 | □ Remove |
| | | Boca Raton, 33434 | ☐ Change |
| | | | D Add |
| | | | ☐ Remove |
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| e: If the date inserted in this block | t does not meet the applicable statutory filing requirements, this date t | will not be listed |
| ument's affective date on the Depa | riment of State's records. | |
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| ed March 4 | 2016 | |
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| Si | gnature of a member or authorized representative of a member | |
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Page 3 of 3

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