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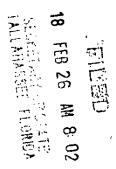
| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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J. LEGGETT

COVER LETTER

| TO: Registration S Division of Co | |
|-----------------------------------|---|
| **** | DURHAM LLC |
| Sobiler. | Name of Limited Liability Company |
| | f Amendment and fee(s) are submitted for filing. |
| | STEVEN HUROWITZ |
| | Name of Person |
| | AVENUE MANAGER LLC |
| | Firm/Company |
| | 16701 COLLINS AVENUE, STE 102 |
| | Address |
| | SUNNY ISLES FL 33160 |
| | City/State and Zip Code |
| | mpeclet@hbcapital.com E-mail address: (to be used for future annual report notification) |
| For further information of | concerning this matter, please call: |
| MARINE PECLET | 305 602 3067 |
| Name o | of Person Area Code Daytime Telephone Number |
| Enclosed is a check for t | the following amount: |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AVENUE DURHAM LLC | | |
|---|--|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited | iny as it now appears on our records Liability Company) |) |
| The Articles of Organization for this Limited Liability Company | were filed on 10/06/17 | and assigned |
| Florida document number L17000207099 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| CONSOLIDATED ACQUISITIONS LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | - 1 S H |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | ~ ~ |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | | enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Lines i sortuu sireet address | |
| | , Flo | rida Zip Code |
| | Uny . | Lip Cone |

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.

If 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> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the of an effective date is listed, the date must | date of filin be specific an | ig:id cannot be i | orior to dat | e of filing o | or more than | (opti 90 days afte | i onal) r filing. |) Pursuant | t to 605.02 |
| Note: If the date inserted in this blo document's effective date on the De | ck does not: | meet the ap | plicable s | | | | | | |
| a managed agencies and adequate | | t | | - <i>66</i> Li. | | t 12.01 | | 44 | |
| e record specifies a delayed The 90th day after the reco | | | not an | епеспу | e time, a | [12:01 | a.m. | on the | earlier |
| Pated FEBRUARY 15 | | 2018 | | | | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00