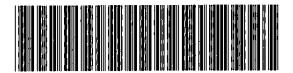
P160000137

| equestor's Name) | |
|---------------------|---|
| ddress) | |
| ddress) | ····· |
| ity/State/Zip/Phone | e #) |
| ☐ WAIT | MAIL |
| usiness Entity Nar | ne) |
| ocument Number) | |
| Certificates | s of Status |
| Filing Officer: | |
| | |
| | |
| | |
| | ddress) ddress) ity/State/Zip/Phone WAIT usiness Entity Narrocument Number) Certificates |

Office Use Only



900287199709

16 JUL -8 PH 1: 49

15 JUL -8 AM 8:

SECRETARY OF STATE TALLAHASSEE FLORIUM

937

JUL 11 2016 S. YOUNG

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

7/8/16

NAME:

COMPRA LP

TYPE OF FILING: AMENDMENT

COST:

105.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

| 1. The name of the limited partnership or limit the Florida Department of State is: | ted liability limited partnership as it appears on the records of | |
|---|---|-----------|
| 2. Document Number of Foreign Limited Parts | nership or Limited Liability Limited Partnership: 816000000137 | ı |
| 2. The jurisdiction of its formation is: Delaware | | |
| 3. The date the entity was authorized to transa- | ct business in Florida is: Juno 23, 2016 | |
| 4. If the amendment changes the name of the I the new name; | imited partnership or limited liability limited partnership, enter | |
| Acceptable Limited Partnership suffixes: Limit Acceptable Limited Liability Limited Partnersh LLLP. | ted Partnership, Limited, L.P., LP, or Ltd. hip suffixes: Limited Liability Limited Partnership, L.L.L.P. or | 16 JUL -8 |
| 5. If the amendment changes the general partn Name: | er(s), list the name and business address of each general partner: <u>Business Address</u> : | 垩 |
| | ☐Add ☐Remove ☐Change | 8: 01 |
| | ☐Add ☐Remove ☐Change | |
| | ☐Add ☐Remove ☐Change | |
| | Add Remove | |
| | ☐Add ☐Remove ☐Change | |
| | Add Remove | |

| 6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction: | |
|--|----------|
| 7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction: The principal office and the mailing address are changed to: | |
| 8461 Lake Worth Rd., Suite 1-103 | |
| Lake Worth, FL 33467 | |
| | |
| 8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box: | |
| The entity elects to be a limited liability limited partnership. | |
| The entity is no longer a limited liability limited partnership. | T US |
| 9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. | 5 4 |
| 10. Effective date, if other than the date of filing: (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.) | -8 HR 8: |
| Signature of a general partner: | 9 |
| Typed or printed name: | |
| Ross McLeod, Sole Member of the General Partner | |
| Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75 | |