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COVER LETTER

TO:	Registration Se Division of Cor		·		
OTTO II	TALLOWN	MASTERS, LLC			
SUBJI		Name of Limi	ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		CHARLES E. LARGAY,	JR.		
,			Name of Person		
			Firm/Company		
	9401 NW 106th Street, Suite 101				
			Address	<u></u>	
		Miami, FL 33178			
			City/State and Zip Code	**************************************	
		CLARGAY@SUPERTWE		·	
		E-meil address: (to be used for future annual report notifi	cation)	
For fur	ther information c	oncerning this matter, please or	all:		
CHAF	RLES E. LARGA	Y, JR.	305 885-2458 at ()	·	
	Name o	f Person		Telephone Number	
Enclos	sed is a check for t	ne following amount:			
≡ \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	☐ \$60.00 Filing Fee, Certificate of Status & 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**

TALLOWMASTERS, LLC: (Name of the Limited Liability (A Florida	y Company as it now appears on ou Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liability Control of	ompany were filed on February	7, 2003	_ and assigned
This amendment is submitted to amend the following:			
4. If amending name, enter the new name of the lim	ited liability company here:		
TALLOW HOLDINGS, LLC The new name must be distinguishable and contain the words 'Lin	and I inhility Company," the designa	ation "LLC" or the abbi	reviation "L.L.C."
	N/A	7734	22
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	RESS)		
			- :
Enter new mailing address, if applicable:	N/A		PR C
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	36
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ur records, <u>enter</u>	the name of the I
Name of New Registered Agent: N/A			
New Registered Office Address:	Enter Florida	street address	
		. Florida	
			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.

If Changing Registered Agent, Signature of New Registered Agent

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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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
	_		Remove
			Change
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Filing Fee: \$25.00