TUE) MAB Divis ion o 012 Department of State **Division of Corporations Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H16000039640 3))) H160000396403ABC\$ Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. 2016 MAR - 1 To: Division of Corporations Fax Number : (850)617-6383 NH 10: From: Account Name : FEINBERG AND MAIDENBAUM Account Number : I2007000045 دں Phone : (954)962-8889 Fax Number : (9\$4)966-6259 *Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **TIBA GROUP LLC** Ыd 2016 MAR -

Certificate of Status	0
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FROM	(TUE)MAR 1 2016 15:28/ST.	15:25/No. 9304918071 P 2
(((H16000039640 3)))		CILEN
А	RTICLES OF AMENDMENT TO	2016 MAR -1
AF	TICLES OF ORGANIZATION OF	15:25/No. 9304918071 P 2 FILED 2016 MAR -1 AM 10: 31 FALLAHASSEE. FI ORID:
Tiba Group, LLC		DRID;
(Name of the L	imited Liubility Company as it now appears on nur records (A Florida Limited Liability Compuny)	
The Articles of Organization for this Limite Florida document number <u>L05000041802</u>	d Liability Company were filed on <u>April 27, 2005</u>	and assigned
This amendment is submitted to amend the	following:	
A. If amending name, <u>enter the new nam</u>	e of the limited liability company here:	
The new name must be distinguishable and contain t	he words "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if app	plicable:	
(Principal office address MUST BE A STR	EET ADDRESS	
		· · · · · ·
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFI	<u>CE BOX)</u>	
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent a registered agent and/or the new registered	nd/or registered office address on our records, <u>I office address here</u> :	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	, <u></u>
		rida
	, FIU	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 dutles, 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

Page 1 of 3

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(TUE)MAR 1 2018 15:26/ST. 15:25/No. 8304918071 P 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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