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1	ORPORATI ACCESS,	When you need ACCESS to the world
	INC.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
• •		WALK IN
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l.	Petvillo (CORPORATE NA	HOLDINGS, LLC AME AND DOCUMENT#)
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SPECI	AL INSTRUCTION	ONS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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2014 DEC 22 AMII: 11

SECRETARY OF STATE
FALLAHASSEE, FLORIE

PETRILLO HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number <u>L06000005352</u>	iability Company .	were filed on $\frac{0}{2}$	1/1//2006	_ and assigned
This amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company h	ere:	
The new name must be distinguishable and end with the	words "Limited Liab	bility Company," the	designation "LLC" or the abbr	cviation "L.L.C."
Enter new principal offices address, if applicable:		235 - 3rd Street South, Suite 200		
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		St. Petersburg, FL 33701		
		235 - 3rd Street South, Sulte 200 St. Petersburg, FL 33701		
B. If amending the registered agent and registered agent and/or the new registered o			1 our records, <u>enter the</u>	name of the ne
Name of New Registered Agent:				
New Registered Office Address:	235 - 3rd S	treet South, S	uite 200	·
			rida street address	
	St. Petersb		, Florida 3370)1
		City		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

If amending the Managers or Authorized Member on our records, enter the diffe; name, and address of each Manager or Authorized Member being added or removed from our records: 2014 DEC 22 AM 11: 12 MGR = Manager AMBR = Authorized Member SECRETARY OF STATE TALLAHASSEE, FLORIDA <u>Title</u> Type of Action Nanie <u>Address</u> _□ Add _□ Remove □ Add □ Remove _ Add ☐ Remove _D Add ☐ Remove _□ Add

	on, enter change(s) here: (Attach additional sheets, if necessary.) s for principal address, mailing address, registered agent			
address and all authori	address and all authorized person(s) address to 235 - 3rd Street South,			
Sulte 200, St. Petersbu	rg, FL 33701.			
-				
	·			
Effective date, if other than the of the effective date must be specific, cannot the date this document is filed by the Plot	be prior to date of receipt or filed date and cannot be more than 90 days after			
Dated December 19	2014			
Sp				
·	ignature of a member or authorized representative of a member			
THOMAS C. PETR	ILLO, MANAGER			
	Typed or printed name of signee			

Page 3 of 3

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