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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (850) 205-8842 Fax Number : (850)878-5368

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 SWS-DEL, LLC

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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|--|
| SUBJECT: SWS-DEL | ., LLC | | |
| | | ited Liability Company | |
| The enclosed Articles of | Amendment and fcc(s) are sub | mitted for filing. | |
| Please return all correspo | indence concerning this matter | to the following: | |
| | Daniel Connelly | | |
| | | Name of Person | |
| | Hogan Lovelis US LLP | | |
| | | Firm/Company | |
| | 100 International Drive, | | |
| | | Address | |
| | Baltimore, MD 21202 | | |
| | | City/State and Zip Code | |
| | daniel.connelly@hoganlo E-mail address; (| ovells.com to be used for future annual report notif | ication) |
| For further information of | oncerning this matter, please ca | ail: | |
| Daniel Connelly Name o | l' Person | at (410) 659-5073 Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional 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 Clitton Building 2661 Executive Center Circle Tallahassec, FL 32301

2016 JUN 20 **>** ٠..٥ <u>က</u>

6/20/2016 10:13:43 AM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SWS-DEL, LLC (Name of the Limited Liability Compar (A Florida Limited L | ny us it now appears on our records.) subility Company) | |
|--|---|---------------------------|
| The Articles of Organization for this Limited Liability Company | were filed on 07/10/2007 | and assigned |
| Florida document number L07000071315 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| SGWS-DEL, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 200 |
| (Principal office address MUST BE A STREET ADDRESS) | | more and |
| | | |
| | | 20 20 SSE |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | , | |
| | | 2 8 |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | J |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Flori | |
| | 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

6/20/2016 10:13:43 AM From: To: 8506176383(4/5)

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 | | |
|--------------------|----------------------------|---------|----------------|
| Title | Name | Address | Type of Action |
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| <u>iote:</u> I ocumen e reco | e date, if other than the dat tive date is listed, the date must be a the date inserted in this block on the effective date on the Depart | does not meet the applic tment of State's records fective date, but no | able statutory filing rec | quirements, this date v | will not be listed a: |
| The C | Oth day after the record | is filed. | | - Tarak | |
| 1116 | In 16 | 2016 | <u></u> | 72 m | 2116 3 - T |
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| | | nuture of a member or auth | orized representative of a | member (1) | |
| ated _ | | Vice President | orized representative of a | member (7) | |

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