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| Division of Co | | | |
|----------------------------------|---|---|---|
| SUBJECT: AIF Pa | artners, LLC | | |
| SUBJECT: | | mited Liability Company) | · · · · · · · · · · · · · · · · · · · |
| | | | |
| The enclosed Articles of | f Amendment and fee(s) are su | abmitted for filing. | |
| Please return all corresp | ondence concerning this matte | er to the following: | |
| | Julia A. Watson | | |
| | | (Name of Person) | |
| | AIF Partners, LLC | , | |
| | | (Firm/Company) | |
| | 400 Clematis Stre | et, Suite 301 | |
| | | (Address) | |
| | West Palm Beach | n, FL 33401 | |
| | | (City/State and Zip Code) | SECHETARY OF STATE FALLAHASSEE. FLORIDA Number) |
| For further information | concerning this matter, please | call: | V 26 HASS |
| | - | 504 504 5000 | 26 AH 10:34 ASSEE, FLORIDA e Telephone Number) |
| Julia A. Watson (Name of Person) | | at (561) 584-5002 | e Telenhone Number) |
| (14441) | or reison) | (Aud ood u buyum | 15 Ad |
| Enclosed is a check for the | following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Regist Divisi P.O. E | LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314 | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323 | n ntions nter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | AIF Partners, LLC | |
|----------|---|-------------|
| | (Present Name) (A Florida Limited Liability Company) | |
| | | |
| | | |
| FIRST: | The Articles of Organization were filed on document number <u>L07000111060</u> November 02, 2007 and assigned | |
| SECOND: | This amendment is submitted to amend the following: | |
| | Please remove the following individuals as a MGRM's: | _ |
| | TSELOVALNIKOVA, YULIA A | 0 |
| | CAVARICCI, CAESAR | |
| | ASSE | ^ - |
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| | | _ |
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| | | _ |
| Dated No | vember 22 , 2007 . | |
| | | |
| | | |
| | Signature of a member or authorized representative of a member | _ |
| | | |
| | Julia A. Watson Typed or printed name of signee | _ |
| | Tabout or brunten name or signee | |

Filing Fee: \$25.00