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Division of Corporations

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From:

Account Name : NRAI CORPORATE SERVICES, INC.

Account Number : I20080000023 Phone : (651)225-9500

: (651),225-9579 Fax Number

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 THE FISHER GROUP LARGE CAP VALUE LLC

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| NO. | 6991 F | . ' | 2 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Fisher Group Large Cap Value LLC
(Name of the Limited Lightlity Company as it now appears on our records.)
(A Florida Limited Lightlity Company)

| (A Florida Limiled | Liability Compan | (y) | |
|--|--|---|---|
| The Articles of Organization for this Limited Liability Company | y were filed on _ | November 10, 200 | 8 and assigned. |
| Florida document number L08000104672 | _ | • | |
| | | • | SECRETARY OF |
| This amendment is submitted to amend the following: | | | E P O |
| • | | | Sign |
| A. If amending name, enter the new name of the limited lial | pility company | <u>liere:</u> | Fig. 7 |
| The Fisher Group US | | | 703 |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Car | npany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| | · | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | • | | |
| | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | n our records, <u>enter f</u> | ie name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| Hew Jorkenston Office Video 2 | | Dater Florida street addr | \$83 |
| | ♥last3= | | |
| | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | • | | • |
| | • | | |
| I hereby accept the appointment as registered agent and agr the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change. | l <mark>ete perform</mark> an provided for in | ce of my dull <mark>es, and I a</mark> i Chapter 608, F.S. Or, i | m familiar with and f this document is |

If Changing Registered Agent, Signature of Now Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

| MGR = Ma MGRM = i | inager Managing Member | | |
|----------------------|--------------------------------|---|----------------------|
| Title | Name | Address | Type of Action |
| | | | Add |
| | | | Remove |
| | - <u></u> - | · | —_□ Add |
| | | | Reinove |
| <u>.</u> | | | Add Remove |
| | | | Add Congress Resnove |
| | | | Add |
| | | | Remove |
| | | | |
| D. Ifamen | ding any other information, en | ter change(s) here: (Attach additional sheets, if necessary.) | - |
| | | | - |
| | | | - |
| Dated | July 7 | 2011 | |
| | Signature of | f a member or authorized representative of a member | |
| | Susan R. McMa | ster, Organizer and Authorized Representative | |

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Filing Fee: \$25.00