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SECRETARY OF STATE

JAN 1 3 2015 J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			•
A & I PA	RDO HOLDINGS GP, L	LC	
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ondence concerning this matter	to the following:	
	Dan P. Heller, Esq.		
		Name of Person	
	Heller Waldman, PL		
		Firm/Company	
	3250 Mary Street St	uite 102	
		Address	
•	Miami, Florida 3315	6	
		City/State and Zip Code	
	tpardo@avenue04.co	om to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	·	
Dan P. Heller		305 448-4144	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A & I PARDO HOLDINGS GP, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L09000020427	were filed on March 2, 2009	and assigned
i fortda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
AP PARDO HOLDINGS GP, LLC		
The new name must be distinguishable and end with the words "Limited Liab	bility Company," the designation "LLC" or t	he abbreviation "L.L.C."
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 here	ffice address on our records, ent e:	FILT De en
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florida street address	
Analysis of the second	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
l hereby accept the appointment as registered agent and agre	ee 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 title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Mai AMBR = Aut	nager horized Member		
Title	<u>Name</u>	Address	Type of Action
			Add
			Remove
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