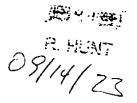
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Special Instructions to Filing Officer:

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FISHER THREE	E, LLC		
Please Debit FCA	A000000003 For: 25		
Thank you Seth N	Neelev		
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		Trade/Service Mark	PK 12: 40
		Merger File	<b>J</b>
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FISHER THREE, LLC					
(Name of the Limited	Liability Compa V Florida Limited	iny as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company were filed on March 12, 2009					l
Florida document number 1.09000024744					
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liah	oility company here:			
The new name must be distinguishable and contain the wor	rds "Limited Liabi	lity Company," the designation	"LLC" or the abbrevia	ntion "L.L.C."	_
Enter new principal offices address, if applical	ble:	1000 Brickell Avenue			<u>D</u>
(Principal office address MUST BE A STREET	ADDRESS)	Suite 300		123	Reisiald
		Miami, FL 33131		<u></u>	2::
				11	- 취임: - 연급:
Enter new mailing address, if applicable:		1000 Brickell Avenue		סך ר	<u> 필</u> 요[
(Muiling address MAY BE A POST OFFICE BOX)		Suite 300		2	រត់ក្ន
		Miami, FL 33131		0,1	<u> </u>
B. If amending the registered agent and/or reg agent and/or the new registered office address	<u>here</u> :	_	nter the name of t	the new regi	i <u>stered</u>
Name of New Registered Agent:	Adams Gallina	r, P.A.			
New Registered Office Address:	1000 Brickell /	Avenue, Suite 300			
		Enter Florida street a			
	Miami		, Florida <u>33131</u>		
		City	Zij	p 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
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	Signature of a	member of a	iqionized rende	sentative of a m	ember			
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Filing Fee: \$25.00