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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: CB Internance Investments, LLC Name of Limited Liability Company |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: |
| rease return an correspondence concerning this matter to the following. |
| ALFRED J. KOONTZ III Name of Person |
| CHARLES Brooks Horning Company |
| III Drange Avenue Suite 300 |
| Fort Pikece, Rorion 34950 For further information concerning this matter, please call: |
| City/State and Zip Code Source: Source: Company Compa |
| For further information concerning this matter, please call: |
| |
| A.S. Koontz at (702) 316-1031 |
| Name of Person Area Code & Daytime Telephone Number |
| |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & S60.00 Filing Fee, 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

| (B International? | | | | | |
|--|--|--|--|--|--|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number 26-4615591. | were filed on April 3, 2009 and assigned assigned and assigned and assigned assigne | | | | |
| This amendment is submitted to amend the following: | SE SE | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | | |
| The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | Font Pierce, Francish 34950 | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 111 Drage Avenue, Suite 300 FURT Pierce, Frozion 34950 | | | | |
| B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: | | | | | |
| Name of New Registered Agent: | Enter Florida street address 24450 | | | | |
| New Registered Office Address: | ange Avenue Suite 300 | | | | |
| FURT P. | Enter Florida street address Enter Florida street address Zip Code | | | | |
| | 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 608, 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

Page 1 of 2

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

| MGR = Man MGRM = Ma | ager anaging Member | | |
|--|---|---|--|
| Title | Name | Address | Type of Action |
| MOR. | ALFRED J. KOONTZ | 111 Drange Avenus #302 Fort Pierce, PL 34950 |) F Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ng any other information, enter change(| (s) here: (Attach additional sheets, if necessary.) | OF PARTIES OF THE PAR |
| Dated \(\frac{\bar{\lambda}}{\text{\text{\text{D}}}}\) | prin 7 , 2010 | 0 | 2:50 |
| _ | | or authorized representative of a member Marlev Finch Thrinted name of signee | |

Page 2 of 2

Filing Fee: \$25.00