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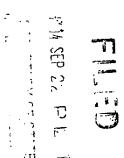
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B. BOSTICK SEP 2 3 2014

EXXMINEB

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:		ted Liability Company	vinon, uc.
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Nonl +	Name of Person	
	HOLDINE	_ ^	8,LLC.
	1040 Hou	and Drive	
	BOCA PATT	City/State and Zin Code	3487
	neil, Eusel E-mail address: (to	City/State and Zip Code Dan Da Fuccus of the beautiful of the control of the con	incation)
For further information co	oncerning this matter, please ca		
NETL E	SEUBAND.	at (561) 300 Area Code Daytim	S 28 S S S S S S S S S S S S S S S S S S
Enclosed is a check for the			
\$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

MAILING ADDRESS:

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

(additional copy is enclosed)

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

DESIGN YOUR RECOGNITION, LLC

(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 were filed on October 29, 2009 and assigned Florida document number L09000104722 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: HOLDING COMPANY 18, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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: New Registered Office Address: Enter Florida street address Florida Cin

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

Page 1 of 3

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 = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
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			C Remove
		ADMINISTRAÇÃO DE CONTRACTOR DE	
		-63.	O Add
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T -	ter change(s) here: (Attach add	litional sheets, if necessary.)
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. Effective date, if other than the date of	filing:	(optional)
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(The effective date must be specific, cannot be prior the date this document is filed by the Florida Department Dated September 5	to date of receipt or filed date and cansument of State) 2014 of a member or authorized representa	ot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00