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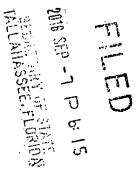
| (Re                     | equestor's Name)   |             |
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| PICK-UP                 | WAIT               | MAIL        |
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| Certified Copies        | _ Certificate:     | s of Status |
| Special Instructions to | Filing Officer:    |             |
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SEP O & RUIS ) LIRUCE

## **COVER LETTER**

| TO:       |        | istration Sect<br>sion of Corpo |  |   |          |
|-----------|--------|---------------------------------|--|---|----------|
| SUBJEC    | ~т.    | ASKARI AC                       |  |   |          |
| SUBJEC    | ~1,    |                                 |  | nited Liability Company   |          |
| The encl  | osed   | Articles of A                   | mendment and fee(s) are sub                  | omitted for filing.   |          |
| Please re | turn   | all correspond                  | lence concerning this matter                 | to the following:   |          |
|           |        |                                 | Behzad Ghazvini                              |   |          |
|           |        |                                 |  | Name of Person  |          |
|           |        |                                 |  | Firm/Company  |          |
|           |        |                                 | 4708 Capital Circle NW, S                    | Suite 200   |          |
|           |        |                                 |  | Address   |          |
|           |        |                                 | Tallahassee, FL 32303                        |   |          |
|           |        |                                 |  | City/State and Zip Code   |          |
|           |        |                                 | gponti@sandcofl.com                          |   |          |
|           |        |                                 | ·  | to be used for future annual report notification)   |          |
| For furth | er in  | formation con                   | cerning this matter, please ca               |   |          |
| Guy Pon   | ıti    |                                 |  | at ( Daytime Telephone Number Fr 1  |          |
|           |        | Name of P                       |  |   | Farmer . |
| Enclosed  | l is a | check for the                   | following amount:                            |   | O        |
| \$25.0    | 00 Fi  | ling Fee                        | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee,  Certificate of Status & Certified Copy (additional copy is enclosed) | •<br>1   |

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

| ASKARI ACE 1 , LLC   |  |  |                           |  |
|--|--|--|---------------------------|--|
| (Name of the Lin   | nited Liability Compar<br>(A Florida Limited L | ny as it now appears on our records.)<br>iability Company) |                           |  |
| The Articles of Organization for this Limited  | Liability Company                              | were filed on 02/01/2010                                   | and assigned              |  |
| lorida document number L10000011464  |  |  |                           |  |
| This amendment is submitted to amend the fo  | llowing:                                       |  |                           |  |
| A. If amending name, enter the new name  | of the limited liabi                           | lity company here:   |                           |  |
| he new name must be distinguishable and contain the  | words "Limited Liabili                         | ty Company," the designation "LLC" or                      | the abbreviation "L.L.C." |  |
| Enter new principal offices address, if appli  | icable:  | ·  |                           |  |
| Principal office address MUST BE A STRE  | ET ADDRESS)                                    |  |                           |  |
|  |  |  |                           |  |
| Enter new mailing address, if applicable:  |  | 4802 CAPITAL CIRCLE NW, SU                                 | TTE 200                   |  |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | TALLAHASSEE, FL 32303                                      |                           |  |
|  |  |  |                           |  |
| 3. If amending the registered agent and registered agent and/or the new registered of th |  |  |                           |  |
| egistered agent and/or the new registered to   | bilice auuress here                            | •  | ATT SEP                   |  |
| Name of New Registered Agent:  | GHAZVINI, BE                                   | HZAD   | SSE -                     |  |
| New Registered Office Address:   | 4708 CAPITAL                                   | CIRCLE NW, SUITE 200                                       |                           |  |
|  |  | Enter Florida street address                               | 5                         |  |
|  | TALLAHASSE                                     | E . Florid   | a 32303                   |  |
|  |  | City   | Zin 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 |
|-------------|--------------|---------------------------------------|----------------|
| MGR         | ASKARI, MIKE | 2417 MILLCREEK COURT, SUIT €#2.       | Add            |
|             |              | TALLAHASSEE, FL 32308                 | ■ Remove       |
|             |              |                                       | Change         |
|             |              | · · · · · · · · · · · · · · · · · · · | Add            |
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| ffecti       | ate, if other than the date of filing:   |
| an effe      | date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
|              | effective date on the Department of State's records.   |
|              | E  |
| e rec<br>The | specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a day after the record is filed.  |
|              | SUST 30 2016   |
| ated _       |  |
| ated _       |  |

Page 3 of 3

Filing Fee: \$25.00