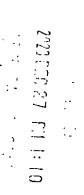
L10000026153

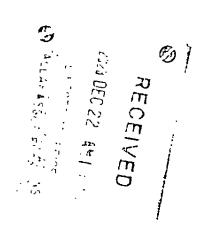
	(Requestor's Name)
	(Address)
	(1.651.655)
	(Address)
	(City/State/Zip/Phone #)
	(City/Gtate/Zip/Prione #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Business Entity Name)
	(Document Number)
Codifica Canina	Codification of Status
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
эрестанизатосновые	riung Officer.
	J.L., 75
	DEC 2 1/ 2923

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DocuSign Envelope ID: 27D9371D-34A7-42C8-9BA8-7242376ACA95 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

De. 5	Eliabe	Leasing	i i	r.
PTO:	rngni	Leasing	دادا	v.

(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 $\frac{3/9/2010}{}$ and assigned		
Florida document number L10000026153			
This amendment is submitted to amend the following:			
_			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3800 Esplanade Way		
(Principal office address MUST BE A STREET ADDRESS)	Suite 190		
	Tallahassee, FL 32311		
Enter new mailing address, if applicable:	3800 Esplanade Way		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 190		
	Tallahassee, FL 32311		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
hereby accept the appointment as registered agent and agr			
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document i		

DocuSign Envelope ID: 27D9371D-34A7-42C8-9BA8-7242376ACA95 11 amenong Authorized rerson(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

<u>Title</u>	<u>Name</u>	Address	Type of Action
Treasurer	Arthur Huatkeong Lim	150 S. Wiekham Rd	
		Melhourne, FL 32904	■Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Remove
			⊡Change
			□Add
			□Remove
			∏Change

Filing Fee: \$25.00

Typed or printed name of signee

Michele T. St. Mary