

Division of Corporations

**L10000059141**

Florida Department of State  
Division of Corporations  
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Account Number : FCA000000023  
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**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ROCHEFONTAINE INVESTMENT, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 16 PM 1:38

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AMENDED AND RESTATED  
ARTICLES OF ORGANIZATION  
OF  
ROCHEFONTAINE INVESTMENT, LLC

In accordance with Section 608.411, Florida Statutes, the Articles of Organization of Rochefontaine Investment, LLC, a Florida limited liability company (the "Company"), are hereby amended and restated in their entirety as follows:

ARTICLE I  
NAME OF LIMITED LIABILITY COMPANY

The name of the Company is: Rochefontaine Investment, LLC.

ARTICLE II  
DURATION

The Company shall have a perpetual existence and duration, until terminated in accordance with applicable law.

ARTICLE III  
MAILING ADDRESS AND PRINCIPAL OFFICE ADDRESS

The mailing address and street address of the principal office of the Company is:

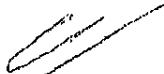
c/o Rockwater Holdings LLC  
15 bis rue de Marignan  
Paris 75008  
France

ARTICLE IV  
REGISTERED AGENT

The name and street address of the registered agent of the Company is:

C T Corporation System  
1200 South Pine Island Road  
Plantation, Florida 33324

IN WITNESS WHEREOF, the undersigned has executed these Amended and Restated Articles of Organization on this 4<sup>th</sup> day of November, 2011.

  
\_\_\_\_\_  
Authorized Representative of Member

**FILED**

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

### ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for Rockwater Holdings LLC (the "Company") at the place designated in the Articles of Organization of the Company, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

QTR CORPORATION SYSTEM

By: 

Name:

Title:

**Madonna Cuddihy**  
**Special Assistant Secretary**

To: Division of Corporations  
Fax Number : (888)627-6183

From: Account Name : S T CORPORATION SYSTEM  
Account Number : PC0000000023  
Phone : (888)222-1092  
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