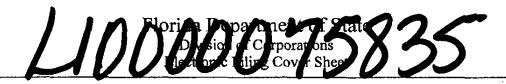
Division of Corporations

Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000250463 3)))



H160002504633ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

| To: | |
|---|---------------|
| Division of Corporations | - |
| Fax Number : (850)617-6383 | |
| • | : |
| From: | |
| Account Name : BROAD AND CASSEL (ORLANDO) | |
| Account Number: Il9980000090 | ູ້ກໍ້າ |
| Phone : (407)839-4200 | 83 S |
| Fax Number : (407)839-4264 | **1 ·· |
| | |
| AARAGA AA | , |
| **Enter the email address for this business entity to be used for | |
| annual report mailings. Enter only one email address please | ് ന |
| | |
| Email Address: | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1665 EE WILLIAMSON, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$25.00 |

D. BRUCE OCT 11 2016

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

| (Name of the Limit | ed Liability Company as it now appears on our records | <u> </u> |
|--|--|--|
| | (A Florida Limited Liability Company) | J |
| The Articles of Organization for this Limited Li | ability Company were filed on 7/19/2010 | and assigned |
| Florida document number L10000075835 | | |
| This amendment is submitted to amend the follo | owing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| A. If amending name, enter the new hante of | the mined habitry company neve. | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Company," the designation "LLC" | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | |
| (Principal office address MUST BE A STREE | TADDRESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | <u> </u> | <u> </u> |
| | · | |
| | or registered office address on our records | , enter the name of the new |
| registered agent and/or the new registered of | Hee address here: | |
| Name of New Registered Agent: | B&C Corporate Services of Central Florida, Inc. | <u> </u> |
| | 390 N. Orange Avc., #1400 | |
| New Registered Office Address: | Enter Florida street address | - <u>38 8 1</u> |
| | Orlando , Flo | orida 3280 () |
| | Cüy _ | Zip Code 🔘 |
| New Registered Agent's Signature, if changing I | Registered Agent: | 73 2 |
| provisions of all statutes relative to the prop accept the obligations of my position as regi | d agent and agree to act in this capacity. I fur er and complete performance of my duties, an stered agent as provided for in Chapter 605, I registered office address, I hereby confirm tha change. | d I am familiar with and F.S. Or, if this document is |
| | Legua Ral | Fall |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|------------------------|-------------------|--------------------------------------|
| s | B.P.I., INC | 4290 Church St. | |
| | | Sanford, FL 32771 | ■ Remove |
| | | | □ Change |
| MGR | Amafih Management, LLC | 4290 Church St. | ⊒ Add |
| | | Sanford, FL 32771 | □ Remove |
| | | | □ Change |
| | 4-7-47 | | |
| | | | □ Remove |
| | | | Change Change Change Change |
| | | | Removi |
| | | | Change C |
| | | | □ Remove |
| | | | Change |
| | | | |
| | | | □ Remove |
| | | | □ Change |

| | | | | | ·· | |
|--|---|---------------------------------------|---|--|---|--|
| | | | | | | |
| | | | | ·,· | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | · | | | |
| | | | | | | |
| | | | | | - The | ~2 |
| | | | | | | 2015 (|
| | | | | | | <u> </u> |
| | | | | | <u> </u> | |
| | | | | | PK (| مرا <u>ر</u> |
| | | | | · · · · · · · · · · · · · · · · · · · | <u>e</u> . | <u>ී</u> වූ |
| | | | | | ۲.۳ معیت | is to a |
| If an effective data <u>Note:</u> If the da | e, if other than the d te is listed, the date must late inserted in this bloc fective date on the Dep | be specific and ca ck does not mee | nnot be prior to date t the applicable s | of filing or more than 90 tatutory filing requirem | (optional) days after filing.) Pursuan ents, this date will not | at to 605.0207 (3) be listed as the |
| ne record sp The 90th d | ecifies a delayed day after the reco | effective dat rd is filed. | e, but not an | effective time, at 1 | 12:01 a.m. on the | earlier of: |
| Dated | October | /U. | 2016 | | | |
| | 80 | dalle | ······ | ropresentative of a membe | | |
| | | TOWN DOLLARS AND A APP | | | | |

Page 3 of 3

Filing Fee: \$25.00