/17/2010 :55 3852281448 01//03 **Wision Corporations** epartment of State **Division of Corporations Electronic Filing Cover Sheet** 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. (((H10000249546 3))) H100002495463ABC+ 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 : LAZARUS CORPORATE FILING SERVICE Account Number : 12000000019 : (305)552-5973 Phone 0170 31VI : (305)220-1440 Fax Number \*\*Enter the email address for this business entity to be used for thrune address please. \*\* annual report mailings. Enter only one email address please. Email Address: ŝ 1:05 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN шœ N N N ----RECEIVED ASSET PARTNERS GROUP, LLC ò R Certificate of Status 0 71 VON 0 Certified Copy Û Page Count 03 Estimated Charge \$25.00 J. SAULSBERRY EXAMINER NOV 1 8 2010 Electronic Filing Menu Corporate Filing Menu Help

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ASSET PARTNEI (Name of the Limited Liebility Compa (A Florida Limited I	RS GROUP, LLC	our records.)	
(A Florids Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on	10/25/10 and assigned	
Florida document numberL10000111241		TACH 2010	
This amendment is submitted to amend the following:		NOV	
A. If amending name, enter the new name of the limited liab	lifty company here:		
·			
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Company,"	the designation "LLCI or the abbreviation"	
Enter new principal offices address, if applicable:	8211 W. BROWA	RD BLVD	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 400		
·	PLAN TATION, F	L 33324	
Enter new mailing address, if applicable:	8211 W. BROWA	RD BLVD., STE 400	
(Mailing address MAY BE A POST OFFICE BOX)	PLANTATION, FL 33324		
B. If smending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our ; g:	records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	Fatas L	Torida street address	
	Liner Florbay Sirees Quilless		
···	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	-	- <i>T</i>	
I hereby accept the appointment as registered agent and agent the provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	lete performance of m provided for in Chapte	ry duties, and I am familiar with and pr 608, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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 If I V U U U L 4 J J 4 U

 A muchaning the managers of Managing Members on our records, enter the title, have, and address of each Manager

.

or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

Title	Name	Address	<u>T</u>	rne of Action
	<b></b>			Add Remove
				Add Remove
				Add Remove
<u> </u>	·			Add Remove
· <del>-</del>	·			Add Remove
				Add Remove
D. If amendin	g <b>any</b> other information, enter change()	s) here: (Attach additional sheets, if nece	As	
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			EL, FUORA	20
Dated		' '	LAHASS	
		AN USAGARO printed name of signee		
		Printed name of signee Page 2 of 2		
		ng Fee: \$25.00		

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