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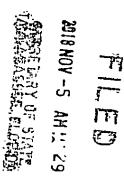
| (Requestor's Name) | |
|---|---|
| (Address) | |
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| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | _ |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|---|---|--|-------------|---|
| BROWAR SUBJECT: | D CAPITAL INVESTORS, LL | .c | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | John T. Loos | | | | |
| | | Name of Person | | | |
| | <u> </u> | Firm/Company | | | |
| | 1910 Cordova Road | | | | |
| | Fort Lauderdale, FL 33310 | Address | Carre | AON BICK | |
| | linda@firstlauderdale.com | City/State and Zip Code | | 5 | |
| For further information c | E-mail address: (concerning this matter, please c | to be used for future annual report notif all: | ication) | AM II: 29 | E |
| Linda Williams | | at () | | 29 — | |
| Name o | of Person | at () Area Code Daytime | Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Certificate Certified Co (additional co) | of Status & | |
| | | | | | |

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

BROWARD CAPITAL INVESTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Florida Limited | d Liability Company) | |
|--|--------------------------------------|----------------------------------|
| The Articles of Organization for this Limited Liability Compan Florida document number $\frac{L11000006186}{L11000006186}$. | y were filed on 01/13/2011 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here; | |
| The new name must be distinguishable and contain the words "Limited Liab | bility Company," the designation "LI | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | VDN 8 IGG |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | 1 |
| Name of New Registered Agent: | | 29 |
| New Registered Office Address: | Enter Florida street addr | ess |
| | | |
| | , F | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>t:</u> | |
| I hereby accept the approintment as registered agent and ag | ren to act in this canacity. I t | further gavee to comply with th |

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

| <u>Title</u> | Name | Address | Type of Action |
|--------------|------------------------------|---------------------------|----------------|
| AMBR | Florida Land Investor's Inc. | 1910 Cordova Road | |
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| E. Effectiv | e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) | | | |
| (If an effec | tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date v | Pursu cill n | iant to 6 or be 1 | 05.02 isted |
| | it's effective date on the Department of State's records. | * 11.1 11 | or be in | isicu . |
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| | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. o Oth day after the record is filed. | in tr | ie ear | ner |
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| Dated | | | | |
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| <u>_</u> | | | | |
| | Signature of a member or authorized representative of a member | | | |

Page 3 of 3

Filing Fee: \$25.00