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SECRETARY OF STATE
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COVER LETTER

| Division of Co | | " | | |
|---------------------------|--|---|---------------------------------------|--|
| SUBJECT: | Ad | verse LLC | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corresp | pondence concerning this matter | to the following: | É | 12 MOV - 5 PH 3: LT |
| | | Ryan Boulware | | |
| | | Name of Person | | 1997 |
| | | Adverse LLC | | 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | Firm/Company | | ROE |
| | 111 | E. Bay Street Ste. 201 | | 3' |
| | | Address | | |
| | J | acksonville, FL 32202 | · · · · · · · · · · · · · · · · · · · | |
| | | City/State and Zip Code | | |
| | E-mail address: (| ryan@adverse.co to be used for future annual report notific | cation) | |
| For further information | concerning this matter, please of | • | | |
| R | yan Boulware | at (904) | 326-7975 | |
| Name of Person | | Area Code & Daytime | | |
| | | | | |
| Enclosed is a check for | the following amount: | | • | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | | f 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

| | se LLC | |
|---|--|--|
| (Name of the Limited Liability Comp | pany as it now appears on our records.) Liability Company) | |
| (A Fiorida Limited | Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on 3-16-11 2 and assigned | |
| Florida document numberL11000032202 | The state of the s | |
| | | |
| This amendment is submitted to amend the following: | م الله الله الله الله الله الله الله الل | |
| _ | | |
| A. If amending name, enter the new name of the limited lia | ibility company here: | |
| | | |
| The new name must be distinguishable and end with the words "Lir "L.L.C." | nited Liability Company," the designation "LLC" or the abbreviation | |
| Enter new principal offices address, if applicable: | 111 E. Bay Street | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 201 | |
| | Jacksonville, FL 32202 | |
| | | |
| Enter new mailing address, if applicable: | 111 E. Bay Street | |
| (Mailing address MAY BE A POST OFFICE BOX) | Stuite 201 | |
| | Jacksonville, FL 32202 | |
| | | |
| B. If amending the registered agent and/or registered of | office address on our records, enter the name of the new | |
| registered agent and/or the new registered office address he | ere: | |
| | | |
| 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:

۲.

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member **Type of Action** Title Name Address MGR Sam Robilotta 4849 Florida Club Circle #3106 ☐ Add Remove Jacksonville, FL 32216 Ryan Boulware MGR 4849 Florida Club Circle #3106 **☑** Remove Jacksonville, FL 32216 MGRM Ryan Boulware 111 East Bay Street Suite 201 ☐ Remove Jacksonville FL 32202 Adam Boulware MGR 111 East Bay Street **✓** Add Suite 201 Jacksonville, FL 32202 Remove \square Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 1 2012 Dated Signature of a member or authorized representative of a member Ryan Boulware Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00