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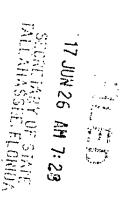
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COVER LETTER

| TO: Registration So Division of Co | | | • |
|---------------------------------------|---|--|--|
| SUBJECT: | Delta Five I | nstitute, LLC | |
| | Name of Eng | med Elability 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: | |
| | | DSC A. DIAZ Name of Person | |
| | Delta Fiv | e Institute LLC Firm/Company | · <u>·</u> |
| | | v. 134 Ave. Su | |
| | Miami | FL 33186 | , , , , , , , , , , , , , , , , , , , |
| | Joe Diaz 6 | City/State and Zip Code Delta Five Security. Code to be used for future annual report not | fication) |
| For further information c | concerning this matter, please ca | | |
| JUA | N SAlas | at (<u>305</u>) 968 | -1029 |
| Name o | of Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | - | | |
| \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy |

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**

| (Name of the Limited I | Five J | nstitut v as it now a ability Comp | ppears on any) | our records.) | | | |
|--|-------------------|--|----------------|---------------|------------------------------|--------------|---|
| The Articles of Organization for this Limited Liabi | lity Company w | vere filed o | _{on} | 06/20 | /2011_a | nd assig | ned |
| This amendment is submitted to amend the followi | ng: | | | | | | |
| A. If amending name, enter the new name of th | e limited liabili | ty compai | ny here: | | | | |
| N/A | | | | | | | |
| The new name must be distinguishable and contain the words Enter new principal offices address, if applicable | • | • • | _ | | r the abbreviat | | |
| Principal office address MUST BE A STREET A | | <i>N/</i> | ,,, | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u>x)</u> | <i>N/A</i> | | | SECRETARY DE ALLAHASSEELF | 17 JUN 25 AM | AT A STATE OF THE |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | s on our | records, | enter the n | ည ame of | the nev |
| Name of New Registered Agent: | N/A | | | | | | |
| New Registered Office Address: | 13595 | | | | | | |
| - | Mil | City | | , Flori | da 3. Zip | 3185 Code |) |
| New Registered Agent's Signature, if changing Regi | stered Agent: | | | | | | |
| I have by account the approintment as vacistary de | | المطالعة مما | this some | aid. I Candle | | | 247 27 |

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

| MGR = M $AMBR = A$ | lanager Authorized Member | | |
|--------------------|------------------------------|---|--------------------|
| <u>Title</u> | Name | Address | Type of Action |
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| an effective date is listed, the da | n the date of filing: ate must be specific and cannot be prior this block does not meet the applica | o date of filing or more than 90 day | (optional) ys after filing.) Pursuant to 605.020 ts this date will not be listed a |
| ocument's effective date on | the Department of State's records. | oro state to state to the state | , |
| e record specifies a de The 90th day after th | layed effective date, but not e record is filed. | an effective time, at 12 | :01 a.m. on the earlier o |
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Page 3 of 3

Filing Fee: \$25.00