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| | | Division of Corporations Fax Number : (850)617-6383 | | ਲੋ | 755 | | |
| | From: | Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I200000000019 Phone : (305)552-5973 Fax Number : (305)675-5944 | | | | | |
| | 4461 | iter the email address for this business annual report mailings. Enter only on | | 8: O3 | ENDA STEA | | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 39 CIG, LLC | | | | |
|--|---|--------------------------------------|---|--|
| (Name of the Limite | ed Liability Comps (A Florida Limited | or as it now and Liability Compan | es ro ou our records.) | |
| The Articles of Organization for this Limited Li Florida document number L11000101330 | ability Company | were filed on | March 19, 2014 | and assigned |
| This amendment is submitted to amend the folio | wing: | | • | |
| A. If amending name, enter the new name of | the limited liab | ility company | <u>here:</u> | in In |
| The new name must be distinguishable and contain the w | ords 'Limited Liabi | lity Company," th | e designation "LLC" or the | abbreviation "LEC." |
| Enter new principal offices address, if applica | | NA | | L 25 |
| (Principal office address MUST BE A STREE | T <u>ADDRESS)</u> | | <u> </u> | |
| The transport of the state of t | | NA NA | | 0: 04 GND |
| Enter new mailing address, if applicable: | | | <u> </u> | ^{V*} |
| (Mailling address MAY BE A POST OFFICE) | <u>80X1</u> | | | |
| B. If amending the registered agent and/ registered agent and/or the new registered of | or registered o lice address her | ffice address | on our records, ento | er the name of the new |
| Name of New Registered Agent: | NA | | | |
| New Registered Office Address: | | | | |
| | | Enter | Florida street address | |
| | | City | , Florida | Zin Code |
| | | • | | Ap Colle |
| New Registered Agent's Signature, if changing ! | | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this | er and complete istered agent as registered offic | e performance provided for t | e of my duties, and I a in Chapter 605, F.S. (| m familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the fitle, name, and address of each person being added or removed from our records:

| AMBR = A | MGR - Manager AMBR = Authorized Member | | | | | | |
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| If amon | ding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | 11022 |
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| E <i>ffecti</i> n | e date, if other than the date of filing: | |
| Note: 1 | 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.) Pustuant f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not not effective date on the Department of State's records. | to 605.0207 (3)(b) be listed as the |
| ne reci The t | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the 90th day after the record is filed. | earlier of: |
| Dated_ | | |
| . – • | | |
| | Signature of a member or authorized representative of a member | |
| | Carlos de la Osa | |
| | Typed or printed name of signes | |

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