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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : COHEN & GRIGSBY, P.C.

Account Number : 120030000042 Phone : (239)390-1912 Fax Number : (239)390-1901

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:\_ lrader@cohenlaw\_com

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6/11/2015

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Lightlity Company as (A Florida Limited Liabili	it now appears on our rec	nrds.)	-	
The Articles of Organization for this Limited I Florida document number L11000119617				d assigned	
This amendment is submitted to amend the fol	lowing;				
A. If amending name, enter the new name	of the limited liability	company here;			
The new name must be distinguishable and contain the	words "Limited Liability Co	ompany," the designation "I	LLC" or the abbreviation	on "L.L.C."	—
Enter new principal offices address, if appli	cable:				_
(Principal office address MUST BE A STRE	ET ADDRESS)				
				·	
Euter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	T ROX				
Magneting with the state of the					_
B. If amending the registered agent and registered agent and/or the new registered of		address on our reco	ords, enter the na	ime of the	: <u>ne</u> r
Name of New Registered Agent:	Cohen & Origsby, P	.C.	<u> </u>	=	
New Registered Office Address:	9110 Strada Place, N	fercate - Suite 6200	<u> </u>		,
		Énter Florida struct ada	<u></u>	3>=	7
	Naples		Florida 34108	3	- { ·
		City	Zip C	oda P	٠.,
New Registered Agent's Signature, if changing	Registered Agent:		<b>€Ø</b> · · ·ş	22	

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.

By:

If Changing Registered Agent, Signature of New Registered Agent

Kelley Geraghty Prace, Esq.

Page 1 of 3

NO. 0627 P. 3 ...

JUN. 11. 2015 11:25AM

COHEN & GRIGSBY

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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

Title	Name	Address	Type of Action
AMBR	Mark Richardson	2 Bloomfields, Esher Park Ave.	🗆 Add
		Esher, Surrey, KT10-9NH United Kingdom	■ Remove
			Change
AMBR	Mark Richardson	4401 Gulfshore Blvd. North, Unit 1207	■ Add
		Naples, FL 34103	□ Remove
			Change
			□ Add
			F. CRESove
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Effective date, if other than the date of	f filing:		_ (optional)	
If an effective date is listed, the date must be speci <u>Note:</u> If the date inserted in this block does document's effective date on the Department	afic and cannot be prior to d a not meet the applicable	ate of filing or more than 90 described a statutory filing requirement	ays after filing.) Pursuant to 60:	5.0207 ( ted as t
he record specifies a delayed effect The 90th day after the record is i		n effective time, at 1	2:01 a.m. on the earli	ier of;
Dated June 6	2015			
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