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SECRETARY OF STATE
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C. LEWIS

APR 2 2013

EXAMINER

COVER LETTER -

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| SUBJECT: Be Provd | FAUESTMENT FIRM L me of Limited Liability Company | LC |
| The enclosed Articles of Amendment and fe | e(s) are submitted for filing. | |
| Please return all correspondence concerning | this matter to the following: | |
| Jean | Demesmin Name of Person | |
| Be | Provd Investment | FirmLLC |
| <u> 319</u> | W. Main St Sui | ite A |
| _APO(| Ka FL 32713 City/State and Zip Code | 2 |
| E-ma | Provd HR @ amail. CO | lm on) |
| For further information concerning this matter | er, please call: | |
| Jean Demes mir | at (<u>40.7)</u> <u>860-0)</u> Area Code & Daytime Tele | ephone Number |
| Enclosed is a check for the following amount | :: | |
| \$25.00 Filing Fee \$30.00 Filing Certificate of | | □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

FILED

OF 13 APR - 1 PM 2:08 ted Liability Company as it now appears on our retords. A HASS
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3-12-12 Florida document number <u>112000034336</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

New Registered Agent's Signature, if changing Registered Agent:

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.

....<u>....</u>

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 = Mar MGRM = M | nager lanaging Member | FILED | |
|-----------------------|--------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address 13 APR - I PM 2: 08 | Type of Action |
| MGMR | Tonya Chambers | SECRETARY OF STATE 3 19 TALLAHAKAETA, FLORITA. | Add |
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| | | | | | | SECRET TALLAHA | ARY OF STAT SSEE, FLORIC |
| | March | 20 | , <u>20</u> | 13. | | · | |
| _ | | | a member o | or authorized r | epresentative of a | member | |
| | | Jean | RI | emesur printed name | . \ | | |

Page 3 of 3

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