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To: VI CONTENT VI CONTENT V	Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696 all address for this business entity to b port mailings. Enter only one email addre	ALLANASSET ARY OF STATE and state and state are used for future ass please.**
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FLORIDA DEPARTMENT OF STATE

Division of Corporations

November 21, 2014

GWG OUTLET LLC 3350 SW 148 AVENUE 110 MIRAMAR, FL 33027US

SUBJECT: GWG OUTLET LLC REF: L12000065067

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 6D days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II FAX Aud. #: E14000270538 Letter Number: 614A00024761

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P.O BOX 6327 - Tallahassee, Florida 32314

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	OF	
	GWG BUH let, LLC (Name of the Climited Liability Company with new appears on and cases of and assigned assigne	10° 40.
	The Articles of Organization for this Limited Liability Company were filed on 5/14/2012 and assigned	
	Florida document number <u>L 12 0000 165067</u>	grę≩ge⊷ ≱ L
	This amondmont is submitted to amond the following:	2 5 4 2 4 2 4 2 5 7 8 12 5 500 4 1 12 5 500 4 10 100 4 1000 4 100000000000000
	A. It amending name, enter the new name of the limited liability company here:	م, <u>د</u> د
	The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."	
	Enter now principal offices address, is applicable: 11941 NW 243 Speecet	
	(Principal office address MUST BE A STREET ADDRESS) Plom tabon FL 3332 3	
	Enter new malling address, il applicable: (Mailing address MAY BE A POST OFFICE BOX) FE - Lau don dale. FL 33345	
,	B. If amending the registered agent and/or registered office address on our records, <u>onter the name of the new</u> registered agent and/or the new registered office address here:	
	Name of New Registered Agent: Rajesh Amand	
	New Registered Office Address: 11941 NW 24th Studt.	

New Repistered Agent's Slenature, 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 pravided 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.

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(Change ensterost Agent, Signature of New Registered Agent Page 1 of

<u>33323</u>

Zip Code

Florida

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

MGR = Manager AMBR = Authorized Member

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|       | <u>Title</u>  | Name         |                  | Address                         |                             | Type of Actio                | ũ                    |  |
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| 3. Effective date, if other than the date of filing: <u>11./20</u> <u>2014</u> (optional)<br>(The effective date must be specific, cannot be prior to date of receipt or filled date and cannot be more than 90 days after<br>the date this document is filed by the Ploride Department of State) | SEGRE LANA     | 2014 KOV 20 |                                                                                                                 |
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