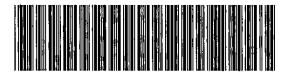
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Special Instructions to Fi	iling Officer:	
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COVER LETTER

TO: 1	Registration Sec Division of Corp	ction porations		
CHIDIEC	MARK P R			
SUBJEC	T:		ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		MARK RILEY	Name of Person P RILEY LLC Firm/Company TH AVENUS SOUTH SUITE 200 Address S FLORIDA 34102 City/State and Zip Code markpriley.com E-mail address: (to be used for future annual report notification)	
			Name of Person	
		MARK PRILEY LLC		
			Firm/Company	
		780 FIFTH AVENUS SOU	JTH SUITE 200	
			Address	
		NAPLES FLORIDA 3410	2	
			City/State and Zip Code	
		mriley@markpriley.com		
		E-mail address: (to be used for future annual report notific	cation)
For further	er information co	oncerning this matter, please ca	all:	
Mark Ril	ley		239 2904202	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	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 (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 OF

MARK P RILEY LLC			
(<u>Name of the Limi</u>	ted Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)	
The Articles of Organization for this Limited L lorida document number L12000075306	iability Company were filed o	n <u>06/06/2012</u>	and assigned
his amendment is submitted to amend the following	lowing:		
If amending name, enter the new name o	of the limited liability compar	ıy here:	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:		SE 15
Principal office address MUST BE A STREI	ET ADDRESS)		DEC 22
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u></u>		STATE ORIDA
B. If amending the registered agent and egistered agent and/or the new registered of		s on our records, <u>e</u> r	nter the name of the n
Name of New Registered Agent:	Antonio Faga		
New Registered Office Address:	7955 Airport Pulling N Ente	er Florida street address	
	Naples		la <u>34109</u>
	City	, r ioria	Zip Code

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 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

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Treasurer	David Bogin	780 Fifth Avenue South Suite 200 1	_ Add
			☐ Remove
			Change
AMBR	David Bogin	780 Fifth Avenue South Suite 200	
			☐ Remove
			Change
			Ađd
			Remove
			Change
			□ Remove
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Filing Fee: \$25.00