10/10/2010

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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : A.A.ALI, CPA
Account Number : I20000000192
Phone : (407)298-3900

Fax Number

: (407)298-3900 : (407)298-0660

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

| Email | Address: | | |
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF AMENDMENT

TO

(((H18000298505 3))) ARTICLES OF ORGANIZATION OF

| (7) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) |
| The Articles of Organization for this Limited Liability Company were filed on |
| 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." |
| 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 , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent; |
| Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the |
| I hereby accept the appointment to register on agent and agree to do at the sufficient of the sufficie |

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

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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 | (((H18000298505 3))) |
|--------------------------|----------------------|
| AMRR = Authorized Member | |

| <u> Fitle</u> | Name | Address | Type of Action |
|---------------|-----------------|---------------------------|----------------|
| AMBR | THOMAS LEWIS II | 2514 GRAND CENTRAL PKWY i | |
| | | ORLANDO FLORIDA 32839 | Remove |
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| D. If amending any other inform | (((H18000298505 3))) | ial sheets, if necessary.) |
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| E. Effective date, if other than the | OCTOBER 12, 20 | (ODHORAL) |
| the claim of a line in licenst the claim of | oust be specific and cannot be prior to date of filing on block does not meet the applicable statutory f | or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Hing requirements, this date will not be listed as the |
| If the record specifies a delay (b) The 90th day after the re | ed effective date, but not an effectivecord is filed. | ve time, at 12:01 a.m. on the earlier of: |
| DatedOCTOBER 12, | 2018 | |

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WILSON, CAJUSTE

Typed or printed name of signee

(((H18000298505 3)))

i a member or authorized representative of a member