Division of Corporations Page 1 of 1

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLE

Account Number : 075350000132 : (305)374-7580 Phone Fax Number : (305)351-2122

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liabili (A Florida	TY Company as It now appe	ars on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	06/19/2012	and assigned	
Florida document number L12000081188	<u> </u>			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company b	सर ः		
The new name must be distinguishable and end with the well-L.C."	ords "Limited Liability Com	pany," the designation "L	-	
E.D.C.			一直流 お	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)		\$1. \$	
			တို≋့ ကာ	
			F 3	
Enter new mailing address, if applicable:			ج ج الح بن	
(Mailing address MAY BE A POST OFFICE BOX)	 		SE 0	
	· · · · ·		Om N	
B. If amending the registered agent and/or regi	stand office address on	aver records anter t	name of the ner	
registered agent and/or the new registered office ad-		om records, enter t	ie Haute or ofe her	
Name of New Registered Agent:		- 	<u> </u>	
New Registered Office Address:				
	E	inter Florida street addi	ers	
		, Florida		
	City		Zip Code	

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.

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager

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:

MGRM = Ma	eaging Member	, ·	
Title	Name	Address	Type of Action
MGRM	Stuart Miller	700 NW 107th Avenue Miami, Florida 33172	☑ Add □ Remove
			Add Remove
			Add Remove
***************************************			Add Remove
·····			_□Add _□Remove
			Add Remove
D. If a mendin	June 20 , 2012	s) here: (Attach additional sheets, if necessary.)	12 JUN 20 AM 9: 02 CECALIARY OF STATE CALLAHASSEE, FLORID
 	Rebecca Mueller	r authorized representative of a member Authorized Representative printed name of signee	

Page 2 of 2 Filing Fee: \$25.00