☑001/003

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number : I19990000242 Phone : (215)563-8113 : (215)977-9386 Fax Number

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STFL ASSOCIATES LLC

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M BURR KEIM CO (((H120002526633)))

2002/003

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | . OF | | ~ 22m |
|---------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------------------------------------|-------------------------|
| | | | |
| STFLA | SSOCIATES LLC | | |
| (Name of the Limited Liability (A Florida L | Company as it now apper imited Liability Company | ars on our records.) | 34 Figure |
| The Articles of Organization for this Limited Liability C | ompany were filed on | June 25, 2012 | and assigned |
| Florida document numberL12000083385 | _• | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limi | ted liability company h | ere: | |
| The new name must be distinguishable and end with the won"L.L.C." | ds "Limited Liability Comp | pany," the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | | <u> </u> |
| (Principal office address MUST BE A STREET ADDR | ESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| | <u></u> | · · · · · · · · · · · · · · · · · · · | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addr | | our records, enter th | e name of the new |
| • | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Ř | nter Florida street addr | ess |
| | 2 | | |
| - | City | , Florida | 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 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

Page 1 of 2

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 = Manager MGRM = Managing Member

| <u>Title</u> | Name | Address | Type of Action |
|---------------|-----------------------------------------|----------------------------------------------------|-------------------|
| MGRM | Stan Glander | 435 Devon Park Dr., Bidg. 500 Wayne, PA 19087 | Add Remove |
| <u>MGRM</u> | Joseph Wellenbusher | 435 Devon Park Dr., Bldg, 500 Wayne, PA 19087 | ☑ Add □ Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendin | ng any other information, enter change(| s) here: (Attach additional sheets, if necessary.) | · |
| | | | SECRETARY OF SO |
| Dated | October 18 , 2012 | 2 | T: 3h |
| _ | Signature of a member of | r aumorized representative of a member | |
| | R. W. Worthingt | on, Jr., Authorized Person | |
| - | Typed or | printed name of signee | |

Page 2 of 2

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