

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

LAZARUS 3166

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Division of Corporations
Fax Number : (850)617-6383

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
EL COMPAS LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
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| Page Count | 03 |
| Estimated Charge | \$25.00 |

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

EL COMPAS LLC

*(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 11/22/2013 and assigned
Florida document number L12000116366

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 end with 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:

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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01/19/2033 04:35

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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

| Title | Name | Address | Type of Action |
|-------|----------------------------|---------------------------------------------------|----------------------------------------------------------------------------|
| MGR | SEA COMPANY MANAGEMENT LLC | 2875 NE 191 ST SUITE 801 AVENTURA, FL 33180 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |

| | | | |
|-----|--------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|
| MGR | THREE POINTS INTERNATIONAL LLC | ONE COMMERCE CENTER 1201 ORANGE ST #800 WILMINGTON, DELAWARE 19899 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
|-----|--------------------------------|--------------------------------------------------------------------------|----------------------------------------------------------------------------|

| | | | |
|--|--|--|-----------------------------------------------------------------|
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
|--|--|--|-----------------------------------------------------------------|

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MARCH 9TH, 2015

Spencer M. Ingano
Signature of a member or authorized representative of a member

Spencer M. Ingano
Typed or printed name of signer

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FILED
2015 MAR 10 AM 10:15
STATE OF FLORIDA
TALLAHASSEE