Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000179652 3)))



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Division of Corporations

Fax Number : (850)617-6383

AUG 1 4 2013

L. SELLERS

From:

Account Name : FOX ROTHSCHILD LLP

Account Number : I20130000024

: (215)299-2162

Fax Number

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

TOppenheimer@foxrothschil.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AXA STRATEGIC MANAGEMENT ONE LLC

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AXA STRATEGIC MANA | | |
|--|--|---------------------------------------|
| (Name of the Limited Liability Compan (A Florida Limited Li | y as it now appears on our isbility Company) | records.) |
| The Articles of Organization for this Limited Liability Company of Florida document numberL13000009124 | were filed on 01/17/2013 eff | ective 01/18/2013 and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | lity company here: | |
| The new name must be distinguishable and end with the words "Limite"L.L.C." | ed Liability Company," the d | lesignation "LLC" or the abbreviation |
| 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 here | | rds, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Flori | da 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 affice 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

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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:

MGRM = Managing Member **Title** Name Address Type of Action **MGRM** 2950 SW 27 AVENUE, SUITE 220 ARCHIPLAN SIMPSON LLC MIAMI, FLORIDA 33133 Remove 2950 SW 27 AVENUE, SUITE 220 Add MGRM ARCHIPLAN USA 1, LLC MIAMI, FLORIDA 33133

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|-------|--|--|--|--|
| If an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
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| | ALICUST 12 - O 2012 | | | |
| ed | AUGUST 12 2013 | | | |
| | | | | |
| | Signature of a member or authorized representative of a member | | | |
| | THOMAS F. OPPENHEIMER, ESQ. | | | |
| | Typed or printed name of signee | | | |
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