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# L13000047405

No. 085 1/4 1

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6303

From: Account Name : FRANK GUTTA CPA PA  
Account Number : I19990000059  
Phone : (954)452-8813  
Fax Number : (954)452-8359

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TALLAHASSEE, FLORIDA

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Email Address: fgutta@guttasharfi.com

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SK OPERATORS LLC

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SK Operators, 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 April 1, 2013 and assigned Florida document number L13000047405

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 "L.L.C."

Enter new principal offices address, if applicable: 490 Sawgrass Corp Pkwy  
Suite 310  
Sunrise, FL 33325  
*(Principal office address MUST BE A STREET ADDRESS)*

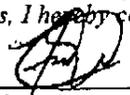
Enter new mailing address, if applicable: 490 Sawgrass Corp  
Suite 310  
Sunrise, FL 33325  
*(Mailing address MAY BE A POST OFFICE BOX)*

**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: Frank Gutta  
New Registered Office Address: 490 Sawgrass Corp Pkwy Suite 310  
*Enter Florida street address*  
Sunrise, Florida 33325  
*City 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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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July, 17th , 2013



Signature of a member or authorized representative of a member

Frank Gutta

Typed or printed name of signee

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