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| (R | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Á | ddress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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| | Registration Se Division of Cor | | | | |
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| eunucz | -towns | RESOL, LLC | | | |
| SUBJEC | Name of Limited Liability Company | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please re | turn all correspo | ndence concerning this matter | to the following: | | |
| | | GUILLERMO MARTINE | Z, CPA | | |
| | | | Name of Person | | |
| | | FREUND KATZ GOLDS' | FON YOUNG, CPA PA. | | |
| | | 10720 CM 1047H 077NH | Firm/Company | | |
| | | 10729 SW 104TH STREE | 1 | | |
| | | MIAMI, FLORIDA 33176 | Address | | |
| | | GMARTINEZ@TAX-DOO | City/State and Zip Code TOR.NET | | |
| | | E-mail address: (| to be used for future annual report notification) | | |
| For furth | er information co | oncerning this matter, please of | all: | | |
| GUILLE | RMO MARTIN | | 305 279-1288 | | |
| | Name of | f Person | Area Code Daytime Telephone Number | | |
| Enclosed | l is a check for th | ne following amount: | | | |
| \$ 25.0 | 00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Registra Divisio P.O. Bo | ING ADDRESS: ation Section n of Corporations ox 6327 assec, FL 32314 | STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ANGIOVA RESOL, LLC | | |
|---|---|--|
| (Name of the Limited Liability | ty Company as it now appears on our record Limited Liability Company) | |
| | | ر بَّ بَ |
| The Articles of Organization for this Limited Liability C | Company were filed on MAY 5, 2013 | and assigned |
| Florida document number L13000067195 | | |
| Florida document number | _ · | ~) ~) |
| This amendment is submitted to amend the following: | | - 1 |
| A. If amending name, enter the new name of the lim | ted liability company here: | <u>्</u> स् |
| The new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LL | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | (ESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | stered office address on our recor | ds, enter the name of the new |
| Name of New Registered Agent: | <i>N/A</i> _ | |
| New Registered Office Address: | Enter Florida street addi | ress |
| | • | Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registere | ed_Agent: | |
| I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and a accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change. | complete performance of my duties, igent as provided for in Chapter 60. ed office address. I hereby confirm | and I am jamiliar with and 5, F.S. Or, if this document is |
| | If Changing Registered Agent, Signatu | re of New Registered Agent |
| | It Chanking wedateren when bidingth | the section of the se |

Page 1 of 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|-------------|----------------------|----------------|
| MGR | ANGELO CASA | VIA VAI DI MAZZARA | |
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| ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to da fote: If the date inserted in this block does not meet the applicable becument's effective date on the Department of State's records. | |
| e record specifies a delayed effective date, but not an The 90th day after the record is filed. | n effective time, at 12:01 a.m. on the earlier o |
| NOVEMBER 26 2018 | |
| | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00