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

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (850)205-8842
Fax Number: (850)878-5368

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CHAUVET INVESTMENT HOLDINGS LLC

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K. SALY EXAMINER

MAR 31

3/30/2016 3:20:38 PM From: To: 8506176383(2/5)

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Chauvet Inve	stment Holdings LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Benjamin Pogany	
		Name of Person	
		Jones Day	
		Firm/Company	
		901 Lakeside Avenue	
		Address	
		Cleveland, Ohio 44114	
	•	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	all:	
Benjamin Pogar	ny	at (216) 586-7657	
Name o	f Person	at (216) 586-7657 Area Code Daytime T	elephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 3/30/2016 3:20:38 PM From: To: 8506176383(3/5)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



Chauvet Investment Holdings LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) May 13, 2013 The Articles of Organization for this Limited Liability Company were filed on and assigned L13000070091 Florida document number 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L L.C." 5200 NW 108th Avenue Enter new principal offices address, if applicable: Sunrise, Florida 33351 (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: C T Corporation System Name of New Registered Agent: 1200 South Pine Island Road New Registered Office Address: Enter Florida street address Plantation __, Florida ___ City

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 605, 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

3/30/2016 3:20:38 PM From: To: 8506176383(4/5)

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>	<u>Name</u>	Address	Type of Action
AMBR	Chauvet & Sons, LLC	5200 NW 108th Avenue	
		Sunrise, FL 33351	Remove
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			Add
			□ Remove
			Change
			- Remove
			Change CO
			Remove
			Change
			□ Add
			□ Remove
			Change
			Add
			☐ Remove
			Change

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The 90th day after the record is filed. ted March 29 2016	<u>ite:</u> It the	date inserted in this block does not meet the applicable stat	(optional) filing or more than 90 days after filing.) Pursuant to 605.020 attory filing requirements, this date will not be listed a
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Signature of a member or authorized representative of a member	ied	March 29 2016	
Signature of a member or authorized representative of a member		100	
		Signature of a monther or authorized rep	resentative of a member

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