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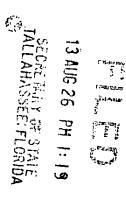
| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Con | | | | |
|--|---|---|---|--------------------------|
| Magr | napass, LLC | | | |
| SUBJECT: WIGH | | ted Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Victor Canal | es | | |
| | | Name of Person | | • |
| · | Magnapass, | LLC | | |
| | | Firm/Company | · · · · · · · · · · · · · · · · · · · | |
| | 3830-7 Willia | amsburg Prk Pl | c Blvd ∯ _∄ | |
| | | Address | Co. LA | . nergon |
| | Jacksonville | , FL 32257 | HASS | enteret Permiss Pe |
| | canalesroman@ | City/State and Zip Code | - M-5 eng 70 - H-3 3€ | i i |
| | | to be used for future annual report no | tification) | 3 200 st |
| For further information of | concerning this matter, please c | all: | | |
| Victor Cana | ales | _{at} 904 405-3 | 615 | |
| Name o | of Person | Area Code & Dayt | ime Telephone Number | |
| Enclosed is a check for t | he following amount: | | | |
| \$25.00 Filing Fee | □\$30.00 Filing Fee & Certificate of Status | □\$55.00 Filing Fee & Certified Copy | □\$60.00 Filing Fee, Certificate of Status & | & |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MAGNAPASS, LLC | | | | |
|--|--|------------------------|---------------|---|
| (Name of the Limited Liability (A Florida | ty Company as it now appears on our re Limited Liability Company) | ecords,) | | |
| | 05/20/42 | | | |
| The Articles of Organization for this Limited Liability | Company were filed on U5/26/13 | | and as | signed |
| Florida document number L13000076609 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | | | |
| The new name must be distinguishable and end with the wo | ords "Limited Liability Company," the de- | signation "LLC | " or the | abbreviation |
| Enter new principal offices address, if applicable: | | <u></u> | | |
| (Principal office address MUST BE A STREET ADD | RESS) | ≥ cs | <u></u> | |
| | | E C | N. | 4 92/2mg |
| | | —— 文章 >河 | ~~ | Q TOWARTS |
| | | 95. 95. | တ် | <u>.</u> |
| Enter new mailing address, if applicable: | | | | 111 |
| (Mailing address MAY BE A POST OFFICE BOX) | | T 0 | | (MATERIAL PORTION AND ADDRESS |
| | | ORIDE | | *Jestelle |
| | | A Oir. | œ | |
| B. If amending the registered agent and/or registered agent and/or the new registered office ad- | | ds, enter the | name | of the nev |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida | a street addres. | S | |
| | , 1 | Florida | Zip Cod | |
| | / | | J. | • |

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 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> | Name | Address | Type of Action |
|--------------|-------------------|---|----------------|
| MGRM | Joseph J Moravia | P.O. Box 1854 | Add |
| | | Valrico, FL 33595 | Remove |
| MGRM | Sterling Hawkins | 1242 saxony dr se | |
| | | Conyers, GA 30013 | Remove |
| MGRM | Jacques H Moravia | 4833 Brierwood rd | |
| | | Jacksonville, FL 32257 | Remove |
| | | | Add. |
| | | Asset | Remove |
| | | E ORIDA | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |

| If amending any other information | n, enter change(s) here: (Attach additional sheets, if necessary.) |
|---|--|
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| | |
| | |
| - *** *** - *** - *** - *** | |
| August 21 | 2013 |
| Vila | Carly |
| , | ure of a member or authorized representative of a member |
| Victor Canáles | |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

