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TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor			
Sunbelt As	set Management, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Robert Brier		
	44_5-1	Name of Person	
	Sunbelt Asset Managemen	t, LLC	
		Firm/Company	
	4 E Lancaster Avenue		
		Address	
	Paoli, Pennsylvania 19301		
		City/State and Zip Code	
	jp@edgewatergrpllc.com		
		to be used for future annual report notif	lication)
For further information of	oncerning this matter, please co	all:	
Jany Peters		813 956-0832	
Name o	l'Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	vion
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P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunbelt Asset Management, 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 $\frac{10/27/2014}{2}$ and assigned Florida document number L13000082866 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 "LLC." Sunbelt Asset Management, LLC Enter new principal offices address, if applicable: 2639 North Monroe Street (Principal office address MUST BE A STREET ADDRESS) Tallahassee, Florida 32303 Sunbelt Asset Management, LLC Enter new mailing address, if applicable: 2639 North Monroe Street (Mailing address MAY BE A POST OFFICE BOX) Tallahassee, Florida 32303 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: New Registered Office Address: Enter Florida street address 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

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

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		□Change
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Filing Fee: \$25.00