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SECREJARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT: Ten G	Enterprises, L	LC	
SUBJECT:		d Liability Company	
The enclosed Articles of An	nendment and fee(s) are submi	tted for filing.	
Please return all corresponde	ence concerning this matter to	the following:	
	Daniel Cohen	1	
		Name of Person	1.00
	PrivCap Com	panies, LLC	
		Firm/Company	
	7200 W Cam	ino Real Suite 20	0
		Address	
	Boca Raton,	FL 33433	
		City/State and Zip Code	
	francesca@privcap	OCOMPANIES.COM be used for future annual report notification	on)
For further information cond	cerning this matter, please call:	•	,
Francesca B	arzini	₄ ,561,952-250)1
Name of Po	erson	Area Code Daytime Tele	ephone Number
Enclosed is a check for the f	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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ten G Enterprises, LLC		
(Name of the Limited Liability Compan (A Florida Limited Li	iy as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company v. Florida document number <u>L13000083643</u> .	were filed on 06/10/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	lity company here:	
The new name must be distinguishable and end with the words "Limited Liabil	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(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 off registered agent and/or the new registered office address here		er the name of the new
Name of New Registered Agent:		AR SH
New Registered Office Address:	Enter Florida street address	SSE C A
	, Florida _	
New Registered Agent's Signature, if changing Registered Agent:	City	OW Code Code Code Code Code Code Code Code
		-

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> Type of Action **Name Address** 7200 W Camino Real Suite 200 MGR PrivCap Holdings, LLC Boca Raton, FL 33433 Remove 7575 London Lane David Kestenbaum MGR □ Add Boca Raton, FL 33433 Remove 7200 W Camino Real Suite 200 MGR PrivCap Manager, LLC Boca Raton, FL 33433

If, amending any other information, enter change(s) here: (Atta	ch additional sheets, if necessary.)
- · · · · · · · · · · · · · · · · · · ·	
•	
•	
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date	and cannot be more than 90 days after
the date this document is filed by the Florida Department of State)	
September 5 2014	
, 1	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	<u> </u>
Signature of a member or authorized re	presentative of a member
Daniel Cohen	
Typed or printed name	of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE