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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : ALECO HARALAMBIDES, P.A.
Account Number : I20140000069
Phone : (305) 854-5206
Fax Number : (305) 854-1087

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

14 OCT 31 PM 2:25

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

Email Address: gani@ajhfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CLAUGHTON INVESTMENT FUND II, LLC

| | |
|-----------------------|---------|
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EFFECTIVE DATE

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T-019 P002/004 F-109

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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TALLAHASSEE, FLORIDA

CLAUGHTON INVESTMENT FUND II, 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 08/29/2013 and assigned
Florida document number L13000123035

This amendment is submitted to amend the following:

EFFECTIVE DATE

A. If amending name, enter the new name of the limited liability company here:

10-31-14

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

Florida

Zip Code

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

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It 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> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------------------|----------------------|--|
| MGRM | BALESTRA, VICTOR P | 3135 SW THIRD AVENUE | <input type="checkbox"/> Add |
| | | MIAMI, FL 33129 | <input checked="" type="checkbox"/> Remove |
| MGRM | HARALAMBIDES, ALECO | 3135 SW THIRD AVENUE | <input type="checkbox"/> Add |
| | | MIAMI, FL 33129 | <input checked="" type="checkbox"/> Remove |
| MGR | CIF II Managing Member, LLC | 3135 SW THIRD AVENUE | <input checked="" type="checkbox"/> Add |
| | | MIAMI, FL 33129 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 10/31/2014 (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)

Dated October 31 2014



Signature of a member or authorized representative of a member

Aleco Haralambides

Typed or printed name of signee