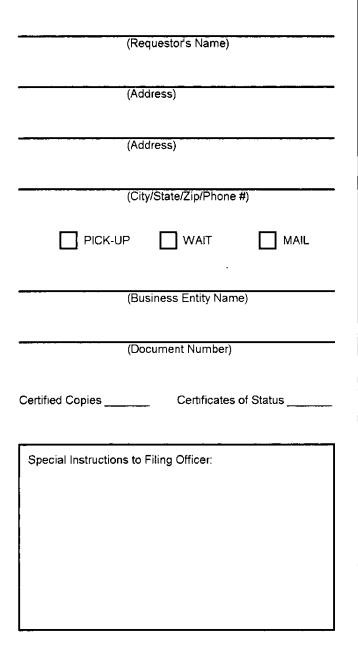
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AUTHORIZATION

COST LIMIT : \$ 25.00

ORDER DATE: February 5, 2014

ORDER TIME : 1:09 PM

ORDER NO. : 992682-005

CUSTOMER NO: 4804008

DOMESTIC AMENDMENT FILING

NAME: PREMIER PORTFOLIO BROUGHTON

ST. LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section
Division of Corporations

T. Premier Portfolio Broughton St. LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Liz Henderson

Name of Person

Sutherland Asbill & Brennan LLP

Firm/Company

999 Peachtree Street NE, Suite 2300

Address

Atlanta, GA 30309

City/State and Zip Code

Ifhenderson@sutherland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Liz Henderson

{...}404、853-8556

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

| Fremier Fortiono Broughton | | | |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------|--------------------|
| (<u>Name of the Limited</u> (A | Liability Company as it now app Florida Limited Liability Company | pears on our records.) | |
| The Articles of Organization for this Limited Liab Florida document number LL3000437219 | | | _ and assigned |
| This amendment is submitted to amend the follow | ing; | | |
| A. If amending name, enter the new name of the | e limited liability company | <u>/ here</u> : | |
| Premier Portfolio Broughton Street LLC | | | |
| The new name must be distinguishable and end with the wo | rds "Limited Liability Company," | the designation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicab | le: | | |
| (Principal office address MUST BE A STREET. | ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | <u> </u> | | 201 |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address | on our records, enter th | |
| | e address nere. | • | |
| Name of New Registered Agent: | | | <u> </u> |
| New Registered Office Address: | | | - |
| • | Enter i | Florida street address | |
| | | , Florida | |
| • | City | | 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

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> | <u>Name</u> | Address | Type of Action | |
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| D. | If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | | | | |
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| Ì. | Effective date, if other than the date of filing: | | | | | | |
| | Dated Eebruar 45 2014 | | | | | | |
| | Bemont | | | | | | |
| | Ben M. Carter, Manager | | | | | | |
| | Typed or printed game of signer | | | | | | |

Page 3 of 3

Filing Fee: \$25.00

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