Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: VCORP SERVICES, LLC

Account Number : 120080000067

Fax Number

: (845)425-0077 : (845)818-3588

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

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|-------|----------|--|
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BRITTANY PARTNERS IV LLC**

| Certificate of Status | 0 | |
|-----------------------|---------|--|
| Certified Copy | 0 | |
| Page Count | 03 | |
| Estimated Charge | \$25.00 | |

K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FILED |
|--|
| 13 DEC 19 Day |
| SECRETARY THE STATE OF THE SEC. |
| SECRETARY OF STATE TACHABASSEE, FLORIDA |

| BRITTANY PARTI | | P. Jak | |
|---|--|----------------------------------|--|
| (<u>Name of the Limited Liability Company</u> (A Florida Limited Lia | ns it now appears on our reco bility Company) | ords.) | |
| The Articles of Organization for this Limited Liability Company w Florida document number <u>L13000158834</u> . | vere filed on 11/12/2013. | and assigned | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabili | ty company here: | | |
| The new name must be distinguishable and end with the words "Limited"L.L.C." | d Liability Company," the desig | nation "LLC" or the abbreviation | |
| 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) | | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent: | ce address on our records, | enter the name of the new | |
| New Registered Office Address: | | <u> </u> | |
| | Enter Florida street address | | |
| | , Flo | orida | |
| | 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 canacity. I for | ther garee to county with | |

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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:

| MGRM = N | Innaging Member | | |
|----------------------|----------------------|------------------------|----------------|
| <u>Titlė</u> | <u>Name</u> | Address | Type of Action |
| MGRM | RABANIPOUR, SOLAMEIN | 33 RODGERS RD | |
| • | | KINGS POINTE, NY 11024 | Remove |
| MGR | RABANIPOUR, SOLAMEIN | 33 RODGERS RD | - _ ✓ Add |
| | | KINGS POINTE, NY 11024 | Remove |
| | | | - |
| | | | Add |
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| - · · · · | | | Add Remove |
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|). If amending any other information | , enter change(s) here: (Attach additional sheets, if neces | sary.) |
|--------------------------------------|---|--------|
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| | | |
| December 11th | 2013 | |
| | 27 | |
| Signatu | re of a member or authorized representative of a member | |
| | Taylor Lolya | |
| | Typed or printed name of signee | |

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Filing Fee: \$25.00