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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DAVID KISLAK COMPANY, L.L.C.**

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SECRETARY OF STATE  
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**ARTICLES OF CORRECTION  
FOR  
A FLORIDA LIMITED LIABILITY COMPANY**

Pursuant to Section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization.

**FIRST:** The name of the limited liability company is DAVID KISLAK COMPANY, L.L.C.

**SECOND:** The attached Articles of Organization as filed on December 11, 2013, contain incorrect statements. The incorrect statements, the reason the statements are incorrect, and the corrected statements are as follows:

Article V reflecting a managing member of this limited liability company needs to be deleted. The limited liability company is to be manager managed by one or more managers. The name and address of the manager of the company is as follows:

**"Article V**

The name and address of managing members/managers are:

Title: MGR  
Stephanie Tamposi  
P.O. Box 5507  
Lake Worth, FL 33466

Dated: December 12, 2013.

  
\_\_\_\_\_  
Keith B. Braun, Esq., Authorized Representative

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L13000171064  
FILED 8:00 AM  
December 11, 2013  
Sec. Of State  
ncausseaux

**Article I**

The name of the Limited Liability Company is:  
DAVID KISLAK COMPANY, L.L.C.

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4020 S. 57TH AVENUE  
SUITE 203  
GREENACRES, FL. US 33463

The mailing address of the Limited Liability Company is:  
P.O. BOX 5507  
LAKE WORTH, FL. US 33466

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
STEPHANIE TAMPOSI  
4020 S. 57TH AVENUE  
SUITE 203  
GREENACRES, FL. 33463

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: STEPHANIE TAMPOSI

**Article V**

The name and address of managing members/managers are:

Title: MGRM  
DAVID KISLAK TRUST DATED JANUARY 27, 1997  
P.O. BOX 5507  
LAKE WORTH, FL. 33466 US

Title: MGR  
STEPHANIE TAMPOSI  
P.O. BOX 5507  
LAKE WORTH, FL. 33466

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Signature of member or an authorized representative of a member

Electronic Signature: KEITH B. BRAUN, ESQ., AUTHORIZED REP.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.