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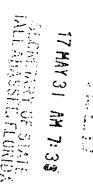
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METTLER RANDOLPH MASSEY FERGUSON CARROLL & STERLACCI, P.L.

Attorneys at Law

May 11, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Public Pension Consultants, LLC

Name Change

Dear Sir or Madam:

The enclosed Articles of Amendment and filing fee of twenty-five dollars (\$25.00) are submitted for filing. Please return all correspondence concerning this matter to me as the attorney for the managing member, Joseph H. Arnall. My email address is crandolph@mettlerlaw.com

If you have questions, please do not hesitate to contact me.

,

Sincerely.

Cater Randolph

CR/ms/enclosure

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

| · | |
|--|--|
| The Articles of Organization for this Limited Lial Florida document number | bility Company were filed on 4/30/2014 and assigned |
| This amendment is submitted to amend the follow | |
| A. If amending name, enter the new name of t | الأناف الإسلام المساورة المساو |
| The new name must be distinguishable and contain the wor | rds "Limited Liability Company," the designation "LLC" dittle abbigviation "L.L.C." |
| Enter new principal offices address, if applicat | |
| (Principal office address MUST BE A STREET | DACKSONVILLE, FL 3220) |
| | |
| Enter new mailing address, if applicable: | 143/ RIVERPLACE BLUD. |
| (Mailing address MAY BE A POST OFFICE BO | 143/ RIVERPLACE BLUD. OX) UNIT 1509 TACKSONVILLE, FL 3220' |
| B. If amending the registered agent and/or registered agent and/or the new registered office | r registered office address on our records, enter the name of the no |
| Name of New Registered Agent: | |
| New Registered Office Address: | 1431 RIVERPLACE BLVO. UNIT 1509 nter Florida street address TACKSONVILLE, Florida 32207 City Zip Code |
| | TACKSONVILLE Florida 32207 |
| | 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| tive date, if other than the date of filing: | (optional) | ursuant to 605 |
| If the date inserted in this block does not meet the applicable statutory filir nent's effective date on the Department of State's records. | | |
| nem a cricente date on the separanent of State a records. | | |
| cord specifies a delayed effective date, but not an effective | time, at 12:01 a.m. or | the earlie |
| e 90th day after the record is filed. | | |
| Signature of a member or authorized representative | | |
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Page 3 of 3

Filing Fee: \$25.00