#<u>114000191658</u>

| (Re | questor's Name) | - |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate: | s of Status |
| Special Instructions to | Filing Officer: | |
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K.SALY EXAMINER JUN 11 2015

COVER LETTER

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| CHID IFOT. | 1204 VP, I | .LC | | |
| SUBJECT | | Name of Litn | ited Liability Company | |
| The enclose | ed Articles of | Amendment and fee(s) are sub | emitted for filing | |
| | | ondence concerning this matter | _ | |
| r tease retur | ii aii coirespe | indence concerning this matter | to the following. | |
| | | EDUARDO A. FERREIR | | |
| | | | Name of Person | |
| | | DEPCOR, INC | | |
| | | · · · · · · · · · · · · · · · · · · · | Firm/Company | |
| | • | 304 INDIAN TRACE #30 | 7 | |
| | | | Address | |
| | | WESTON, FLORIDA 333 | 326 | |
| | 3.1 | · · · · · · · · · · · · · · · · · · · | City/State and Zip Code | ······································ |
| | • | ef@depcor.com | to be used for future annual report not | • |
| | • | E-mail address: (| to be used for future annual report not | ification) · · · · · · · · |
| For further | information c | oncerning this matter, please ca | all: | |
| EDUARDO |) FERREIRA | | 954 850-2830 | |
| | Name o | f Person · | at () | e Telephone Number |
| Enclosed is | a check for the | he 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) |
| | Registr Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COUR Registration Section Division of Corpo Clifton Building 2661 Executive Control Tallahassee, FL 32 | on rations enter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2015 JUN-9 PH 3:

1204 VP, 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 12/17/2014 and assigned Florida document number _____L14000191658 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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) 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 , Florida

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------|---|----------------|
| AMBR | AFR GROUP, LLC | 304 Indian Trace #307 | ⊠ Add |
| | | Weston, Florida 33326 | □ Remove |
| | | | . Change |
| AMBR | EDGAR FERREIRA | 304 Indian Trace #307 | Add |
| | | Weston, Florida 33326 | |
| | | | ☐ Change |
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| | | | 12/17/2014 | | | | |
| ective date, if of effective date is li | ther than the da sted, the date must be | te of filing: | nnot be prior to | date of filing or n | ore than 90 days a | o tional) fter filing.) Pursua | int to 605.0207 |
| te: If the date in | serted in this block e date on the Depa | does not mee | et the applicab | le statutory filir | ig requirements, 1 | his date will no | t be listed as |
| ament's criectiv | e date on the Dept | itineit of Stat | e s records. | | | | |
| record specif | es a delayed ε | ffective dat | e, but not | an effective | time, at 12:0: | 1 a.m. on the | e earlier o |
| he 90th day | after the recor | d is filed. | | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00