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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: ASSE	Hounger Name of Limi	t Holdings III	LLC
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Crica Ro	Name of Person	
	Asset M	anagement Ho	ldings, LLC
	100 Param	nount Or Ste	205
		15 3-1232 City/State and Zip Code	
	E-mail address: (t	nhusa - COm o be used for future annual report notific	cation)
For further information cor	ncerning this matter, please ca	ill:	
Crica Robe Name of F	Person	at (<u>941</u>) <u>926-7</u> Area Code Daytime	722 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, Ft. 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

Asset Management Holdings III, LLC

(<u>Name of the Lim</u>	ned Liability Company as it now app (A Florida Limited Liability Compan)	<u>ears on our récords.</u>) y)	
The Articles of Organization for this Limited Florida document number <u>L14001951</u>		12-24-14	and assigned
This amendment is submitted to amend the fol	lowing:		
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," th	e designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
			. —
		 :>-	7
Enter new mailing address, if applicable:	 	<u> </u>	<u>ــــــــــــــــــــــــــــــــــــ</u>
(Mailing address MAY BE A POST OFFICE	E BOX)	· · · · · · · · · · · · · · · · · · ·	<u>. 5</u>
			
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B. If amending the registered agent and registered agent and/or the new registered of the new registered of the new registered.		on our records, enter t	he mame of the ne
		•	
Name of New Registered Agent:			······
New Registered Office Address:	100 Paramour Enter 1	H Dr. Ste S Florida street address	<u> </u>
	<u>Savasota</u>	, Florida	3 <u>H232</u> 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>	Name	Address	Type of Action
			□ Add
			Remove
			☐ Change
			Remove
			Change
			Remove
			Remove
			\D\ Add
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	17
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing. If the date inserted in this block does not meet the applicable statutory ment's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 60 filing requirements, this date will not be list
ecord specifies a delayed effective date, but not an effective 90th day after the record is filed.	ve time, at 12:01 a.m. on the earli
June 9 2017.	
/ / / /	

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Filing Fee: \$25.00