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Florida Department of State
 Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
 Account Number : I20070000020
 Phone : (813) 435-3176
 Fax Number : (713) 429-1276

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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15 JUN 18 PM 4:49

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

**LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
 GAMBIT MATRIX, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

2015 JUN 18 AM 8:01
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

GAMBIT MATRIX, 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 01/20/2015 and assigned Florida document number L1S000011105.

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:

76 S. LAURA STREET

(Principal office address MUST BE A STREET ADDRESS)

SUITE 2250

JACKSONVILLE, FL 32202

Enter new mailing address, if applicable:

76 S. LAURA STREET

(Mailing address MAY BE A POST OFFICE BOX)

SUITE 2250

JACKSONVILLE, FL 32202

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:

20
5 JAH
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AH
8
01

New Registered Office Address:

Enter Florida street address

, Florida

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 Changing Registered Agent, Signature of New Registered Agent

Jun 18 2015 4:34PM NICK SPRADLIN

8133336358

P. 3

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL 32301

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p. 4

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 06/17 2015

2015

Signature of a member or authorized representative of a member

NICHOLAS J. SPRADLIN AS AUTHORIZED REPRESENTATIVE

Typed or printed name of signee

Page 3 of 3

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