L15000021820

| (R | equestor's Name) | |
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| (A | ddress) | |
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| (C | ity/State/Zip/Phone # | |
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| PICK-UP | WAIT | MAIL |
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| (R | usiness Entity Name) | |
| | | |
| (D | ocument Number) | |
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| Certified Copies | Certificates of | Status |
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| Consist Instruction | - Cilina Officer | |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

COVEŘ LEŤTER

| TO: | Registration Sec Division of Cor | | | |
|--------------------------------------|-------------------------------------|--|---|--|
| CUDIE | | T PARTNERS, LLC | | |
| Name of Limited Liability Company | | | | |
| The en | closed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspon | ndence concerning this matter | to the following: | |
| | | PHILLIP B. RARICK, ES | Q. | |
| Name of Person | | | | |
| | | RARICK & BESKIN, P.A | | |
| Firm/Company | | | | |
| | 6500 COWPEN ROAD, SUITE 204 | | | |
| | Address | | | |
| | | MIAMI LAKES, FL 33014 | 4 | |
| | City/State and Zip Code | | | |
| PRARICK@RARICKLAW.COM | | | | |
| | | E-mail address: (| to be used for future annual report notific | ation) |
| For fur | ther information co | oncerning this matter, please co | all: | |
| PHILLIP B. RARICK, ESQ. 305 556-5209 | | at (| | |
| | Name of | Person | Area Code Daytime | Геlephone Number |
| Enclose | ed is a check for th | e following amount: | | |
| S 2: | 5.00 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, FL 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

FILED

2015 JUN - I PH 3: 14

SECRETARY OF STATETALLAHASSEE, FLORIDA

| PINECREST PARTNERS, LLC | | |
|---|---|---|
| (Name of the Limi | ited Liability Company as it now app (A Florida Limited Liability Compar | pears on our records.) y) |
| The Articles of Organization for this Limited I Florida document number L15000021820 | iability Company were filed on | FEBRUARY 4, 2015 and assigned |
| This amendment is submitted to amend the fol | lowing: | |
| A. If amending name, enter the new name of | of the limited liability company | <u>/ here</u> : |
| he new name must be distinguishable and contain the | words "Limited Liability Company," t | he designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | |
| <u>Principal office address MUST BE A STREI</u> | ET ADDRESS) | |
| | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE | <u>BOX)</u> | |
| | | |
| | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | on our records, enter the name of the ne |
| Name of New Registered Agent: | RARICK & BESKIN, P.A. | |
| New Registered Office Address: | 6500 COWPEN ROAD, SUIT | E 204 |
| regional orrivo radioso. | Enter | Florida street address |
| | MIAMI LAKES | , Florida ³³⁰¹⁴ |
| | 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

-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> | Address | Type of Action |
|--------------|-------------------|---|----------------|
| AMBR | JULIANNE JEFFRIES | 5981 SW 136 STREET | |
| | | MIAMI, FL 33156 | ■ Remove |
| | | | Change |
| MGR | JULIANNE JEFFRIES | 5981 SW 136 STREET | Add |
| | | MIAMI, FL 33156 | Remove |
| | | | Change |
| | | - | Add |
| | | | □ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
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| D. If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
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| (If an ef Note: | tive date, if other than the date of filing: (optional) ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ment's effective date on the Department of State's records. | 605.0207 listed as | (3)(b) the | |
| | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea e 90th day after the record is filed. | rlier of | ·: | |
| Dated | May 26, 2015. | | | |
| | Signature of a member or authorized representative of a member | , | | |
| | THE LANGE REFEREN | | | |

٠D.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00