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| (Re | equestor's Name) | | | |
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| (City/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT | MAIL | | |
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| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| Division of Corporati | ions | | | | | |
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| SUBJECT: Mag | Oliver Cov Name of Lim | ited Liability Company | L C | | | |
| The enclosed Articles of Amen | dment and fee(s) are sub | mitted for filing. | | | | |
| Please return all correspondence | e concerning this matter | to the following: | | | | |
| | Meg | O LIVE | | | | |
| | Mag Oli | VCV CONSU Firm/Company | iting_ | | | |
| | 7551 | Hollyridge Address | Poac | 4 | | |
| ı., | Jacksoni | City/State and Zip Code | 3325 | φ | | |
| 1 , | E-mail address: (| to be used for future annual r | <u>↑∪o con</u> report notification) | | | |
| For further information concern | ning this matter, please ca | all: | | ALLAR | 2010 HAY | i |
| Mea Oliver | | at (UHU) | 831.804 | \$ 55 C | | - |
| Name of Perso | n | at (ひらん) Area Code | Daytime Telepho | | - 0 N C | 7 |
| Enclosed is a check for the follo | owing amount: | | | | !: 0 | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is encl | | \$60.00 Filing F Certificate of S Certified Copy (additional copy is | ee, Status & | |

MAILING ADDRESS:

TO:

Registration Section

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

| Mcey Oliver Co | MSUITING LLC |
|--|---|
| (Name of the Limited Liability Compar (A Florida Limited L | |
| | |
| The Articles of Organization for this Limited Liability Company | were filed on February 12, 2015 and assigned |
| Florida document number 15000020197. | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liabi | lity company here: |
| Men Oliver Consul | tros LLC |
| The new name must be distinguishable and contain the words "Limited Liability Liability Consulty Consu | ty Company," the designation "L.L.C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 7551 Hollyridge Rol |
| (Principal office address MUST BE A STREET ADDRESS) | Jacksonville FL 32264 |
| | |
| | |
| Enter new mailing address, if applicable: | 755 Holyridge Rd |
| (Mailing address MAY BE A POST OFFICE BOX) | Jacksonville Fr 32254 |
| | |
| | |
| B. If amending the registered agent and/or registered off | fice 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: | |
| N. D. C. LOW ALL | 20 |
| New Registered Office Address: | Enter Florida street address |
| | AY |
| | City Florida 2 |
| New Desistance Access? Signature if the print Desistance Access. | |
| New Registered Agent's Signature, if changing Registered Agent: | |
| I hereby accept the appointment as registered agent and agre | |
| provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p | |
| being filed to merely reflect a change in the registered office of | |
| company has been notified in writing of this change | • • |

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 = M AMBR = A | MGR = Manager AMBR = Authorized Member | | | | |
|---------------------|---|--------------|----------------|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | |
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| ctive date, if other than the date of filing: | late of filing or more than | (optional) 90 days after filing. |) Pursuan | t to 605.0 |
| e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records. | e statutory filing requi | rements, this date | will not | be listed |
| union seriestive date on the Department of State 3 records. | | | | |
| record specifies a delayed effective date, but not a | n effective time, a | at 12:01 a.m. | on the | earlie |
| he 90th day after the record is filed. | | | | |
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| ed May & , 2010 | • | | | |
| Signature of a member or authorize | | | | |
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Page 3 of 3

Filing Fee: \$25.00