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**Enter the email address for this business entity to be used for sture. annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ALEXANDER ASSOCIATES GROUP, LLC

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March 12, 2015

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ALEXANDER ASSOCIATES GROUP, LLC 1835 NE MIAMI GARDENS DR

SUITE 344 MIAMI, FL 33179US

SUBJECT: ALEXANDER ASSOCIATES GROUP, LLC

REF: L15000036353

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ALEXANDER | RASSOCIATES GROUP, LLC | | | | | | |
|---|---|--|--|--|--|--|--|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears an our records,) bility Company) | | | | | | |
| The Articles of Organization for this Limited Liability Company were filed on 02/26/2015 and assigned Plorida document number L15000036353 | | | | | | | |
| This amendment is submitted to amend the following: | | | | | | | |
| A. If umending name, enter the new name of the limited liabil | ty company here: | | | | | | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company," the designation "LLC" or the abbreviation | | | | | | |
| 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 ROX) | | | | | | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | | | | | | | |
| Name of New Registered Agent: | | | | | | | |
| New Registered Offige Address: | Enter Florida street address | | | | | | |
| | City Sip Code | | | | | | |
| New Registered Agent's Signature, if changing Registered Agent; | | | | | | | |
| I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | te performance of my duties, and I am familiar with and ovided for in Chapter 608, F.S. Or, if this document is | | | | | | |

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records;

MGR = Manager MGRM = Managing Member Title Name Address Type of Action AP **SEAN GONSALVES** 253 NE 2ND STREET, SUITE 2101 MIAMI, FL 33132 Remove Remove Remove Remove

Page 2 of 3

| D. Har | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article IV is amended as follows: | | | | | |
|--------|---|--|--|--|--|--|
| | Samantha Alfred, MGR, is located at 18520 NW 67th Avenue, Suite 243 243 Miami, Florida 33015 | | | | | |
| | | | | | | |
| | Gerson Herard should now be listed as MGRM | | | | | |
| Dated_ | October 10th 2015 | | | | | |
| | J. alfred | | | | | |
| | Signature of a member for authorized representative of a member Samantha Alfred | | | | | |
| | Typed or printed name of signee | | | | | |
| | Page 3 of 3 | | | | | |
| • | Flling Fee: \$25.00 | | | | | |

SECRETARY OF STATE