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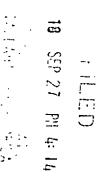
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COVER LETTER

Division of Corp	porations		
Neo Florida	a Holdings, LLC		
30B3DC11	Name of Limi	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	D. Paul Dietrich II		
		Name of Person	
	Swann Hadley Stump Di	etrich & Spears, P.A.	
		Firm/Company	
	200 E. New England Ave	enue, Suite 300	
•		Address	
. •	Winter Park, FL 32789		
	pdietrich@swannhadley.c	City/State and Zip Code	
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information ec	oncerning this matter, please ca	ill:	
D. Paul Dietrich II		at () 647-2777 Area Code Daytime	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Taliahassee, 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

Neo Florida Holdings, 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 05/12/2015 and assigned Florida document number _L15000083466 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.C. 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 BOX) 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: New Registered Office Address: Enter Florida street address

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, <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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Ibrahim Tamer Hasimoglu	200 E. New England Avenue	
		13. 1. 1	
		Suite 300	
		Winter Park, FL 32789	■ Remove
			☐ Change
34/2D	Sukru Alemdar	200 E. New England Ave.	
MGR	 		
		Suite 300	
			■ Remove
		Winter Park, FL 32789	
			Change
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			SE 2
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ctive date, if other than the date o	f filing:		(opti	onal)
effective date is listed, the date must be spec	ific and cannot be pr		more than 90 days after	filing.) Pursuant to 605.
If the date inserted in this block doe ment's effective date on the Departme			ing requirements, thi	s date will not be liste
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ecord specifies a delayed effec	tive date, but i	not an effective	time. at 12:01	a.m. on the earlie
e 90th day after the record is		TO OTTO CONTROLLED		
o Softenber 2	<u>S</u> , 2018			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00