Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name

: GASSMAN, CROTTY & DENICOLO, P.A.

Account Number : 075350000514 Phone

: (727)442-1200

Fax Number

: (727) 443-5829

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN® LIGGETT FAMILY, L.L.C.

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Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LIGGETT FAMILY, L.L.C. | | |
|---|--|---|
| (<u>Name of the Limited Liab</u> (A Flori | ility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number L15000125341 | Company were filed on July 22, 2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | |
| APL FAMILY HOLDINGS, L.L.C. | | |
| The new name must be distinguishable and end with the words "I | Limited Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADL | ORESS) | |
| Enter new mailing address, if applicable: | | 20 20 |
| Mailing address MAY BE A POST OFFICE BOX) | | 三十二 |
| | | مسمو الفر |
| | | 25 CO |
| B. If amending the registered agent and/or reg | istered office address on our records, <u>e</u> dress here: | nter the name of the na |
| 3. If amending the registered agent and/or reg registered agent and/or the new registered office ad Name of New Registered Agent: | istered office address on our records, eddress here: | oter the name of the in |
| registered agent and/or the new registered office ad | istered office address on our records, endress here: Enter Florida street address | SSEC Dame of the inc |
| · · · · · · · · · · · · · · · · · · · | ldress here: | SST 28 nter the name of the ne FLORING 22 CONTROL 22 |

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

MGR = Manager

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

| AMBR = Authorized Member | | | | |
|--------------------------|--|-------------|----------------|--|
| Title | <u>Name</u> | Address | Type of Action | |
| | | | D Add | |
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| D. If amending any other information, enter change(s |) here: (Attach additional sheets, if necessary.) |
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| | |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receive date this document is filed by the Florida Department of State | |
| Dated July 28 , 201 | 5 / Ca |
| Signature of a member of | r authorized representative of a member |
| ALAN S. GASSMAN, AUTHORIZE | D REPRESENTATIVE |
| 'l'amed o | r printed name of signed |

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