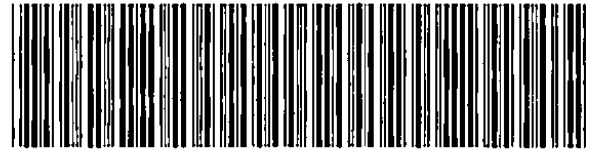


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

M-TRIPTYCH, LLC

(Name of the Limited Liability Company as it now appears on our records  
(A Florida Limited Liability Company))

2015 JUL 25 P 1:30

The Articles of Organization for this Limited Liability Company were filed on 07/31/2015  
Florida document number L15000130912

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.L.C."

Enter new principal offices address, if applicable:

2555 PONCE DE LEON BLVD SUITE 600

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES FL 33134

Enter new mailing address, if applicable:

2555 PONCE DE LEON BLVD SUITE 600

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES FL 33134

**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:

TRANSWORLD BUSINESS MANAGEMENT, LLC

New Registered Office Address:

2555 PONCE DE LEON BLVD SUITE 600

*Enter Florida street address*

CORAL GABLES

*City*

Florida 33134

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	MIRACLE MILE VENTURES L.L.C.	2555 PONCE DE LEON BLVD SUITE 600 CORAL GABLES FL 33134	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
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