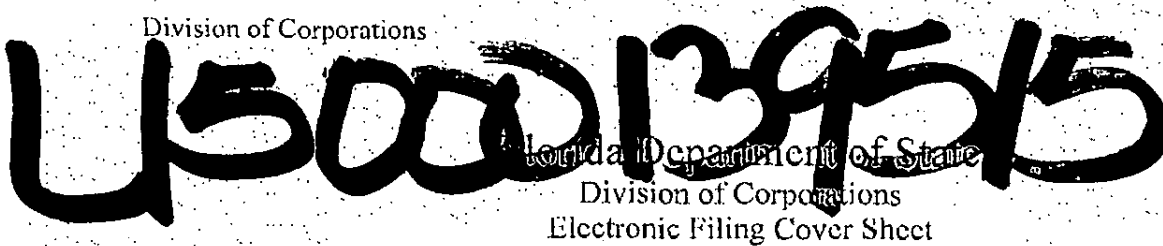


Division of Corporations

Page 1 of 2

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : PANAGOS & ASSOCIATES CPA'S LLC
Account Number : I20120030043
Phone : (954) 389-1179
Fax Number : (954) 389-2841

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

Email Address: marcel.posse@gmail.comLLC AMND/RESTATE/CORRECT OR M/MG RESIGN
POSSE O.D. LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
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S. YOUNG

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

POSSE O.D. 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 08/14/2015 and assigned
Florida document number L15000139515

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 "LLC."

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

City, Florida 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> |
|--------------|--------------|-------------------|--|
| AMBR | MARCEL POSSE | 1389 SW 151ST WAY | <input type="checkbox"/> Add |
| | | SUNRISE, FL 33326 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | RYAN POSSE | 1389 SW 151ST WAY | <input checked="" type="checkbox"/> Add |
| | | SUNRISE, FL 33326 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Dated 26 August 2015

X K. A. L.
Signature of a member or authorized representative of a member

RYAN POSSE

Typed or printed name of signee

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CLERK OF DISTRICT COURT
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