Division of Corporations Electronic Filing Cover Sheet

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| To: | Division of Cor Fax Number | • | 5383 | | AHASSEE | 0CT -6 / |
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| From: | Account Name Account Number Phone Fax Number | : 1201000000 : (305)599-0 |)09)839 | | F STATE | AM 7:46 |
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| | AMND/RESTATE/ PREFER A | UTOWORI | KS, LLC | RESIGN | | 00T -6 PH |
| ., . <u></u> | MND/RESTATE/ PREFER A Certificate of Status | UTOWORI | KS, LLC | RESIGN | | 00T -6 PH |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PREFER AUTOWO | RKŠ, LLC | • | | |
|--|--|------------------------------|---------------------|----------|
| (Name of the Limited Liability Country (A Florida Limited) | iny as it now appear Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited Liability Company Florida document numberL15000143976 | were filed on | AUGUST 21, 2015 | and assigne | d |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liab | ility company be | īē: | | |
| PREFER INVESTA | MENTS, LLC | | ! | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the d | esignation "LLC" or the alab | reviation "L.J.,C." | |
| Enter new principal offices address, if applicable: | 14654 SW 174 | TERRACE | | |
| (Principal office address MUST BE A STREET ADDRESS) | MIAMI, FL 331 | 77 | | |
| Enter new mailing address, if applicable: | 14654 SW 1741 | TERRACE | RES 5 | |
| (Mailing address MAY BE A POST OFFICE BOX) | MIAMI, FL 331 | 77 | CI =6 | E SHE |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | ffice address on g: | our records, enter t | | he fien |
| Name of New Registered Agent: | | | | — |
| New Registered Office Address: | Enter Flor | ida street address | | |
| | Clty | , Florida | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | • | | -34. 2222 | |
| I hereby accept the appointment as registered agent and agr | ee to act in this c | apacity. I further agre | e to comply w | ith the |

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> | Address | Type of Action |
|--------------|--------------|---|-----------------------|
| MGRM | MILDRED PENA | 14141 SW 142ND-ST | |
| | | MIAMI, FL 33196 | <u></u> ≅ Remove |
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| • | | | Change |
| | | | Add |
| | | | ☐ Remove |
| | | | □ Chance |

| D. If amei | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) | | | |
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| E. Effectiv (If an effe <u>Note:</u> I docume | ve date, if other than the date of filing: | ursuant to Il not be | 605.02 listed t | 07 (3)(1 is the |
| | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed. | the ea | riler | of: |
| Dated_ | OCTOBER 6th 2015 | | | |
| | Signature of a member or authorized representative of a member | - | - | |
| | HECTOR R. MARTINEZ, SR. | | | |
| | Typed or printed name of signee | | • | |

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Filing Fee: \$25.00