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| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to | Filing Officer: | | | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | · • | •• | , | |
|--------|------------------------------------|--|---|------------------------------------|---|-------|
| SUBJ | ECT: | ISG | INTERMS | | _ | |
| | | Name of Lim | ited Liability Company | | | |
| The e | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please | e return all correspo | ondence concerning this matter | to the following: | | | |
| | | <u> </u> | FRANK DUTLE | R | | |
| | | | Name of Person | | | |
| | | | ASG INTEANS | | | |
| | | | Firm/Company | | | |
| | | | 115 VAN GOGH L Address | JAY | | |
| | | | Address | | | |
| | | | ROYALPACM DEACH | FL 23411 | | |
| | | | City/State and Zip Code | | _ | |
| | | F-mail address: (| 2 DSGINTERNS. COM | nort notification) | - | |
| For fu | rther information c | oncerning this matter, please ca | | | | |
| | FRANK | DUTHER | at (561) | 779 1822 | 2016 N | er gr |
| | Name o | f Person | Area Code | 779 7822 Daytime Telephone Numb | 所 1.4 2.1 3.5 5.5 5.5 5.5 6.7 6.7 6.7 6.7 6.7 6.7 6.7 6.7 | |
| Enclo | sed is a check for the | he following amount: | | | | 11 |
| □ \$: | 25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclo | Certifi csed) Certifi | Filing Fee, cate of Status & ed Copy nal copy is enclosed) | |
| | MAH | INC ADDRESS. | CERTA | COUDIED ADDRESS. | | |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO **ARTICLES OF ORGANIZATION OF**

| Name of the Limited Liability Compan | ERNS, LLC | | | - |
|---|-------------------------------------|-------------------|-------------|------------------------|
| (A Florida Limited Lia | ability Company) | | | |
| The Articles of Organization for this Limited Liability Company w | vere filed on 8 DECEMBER | 2015 | and a | ıssigned |
| Florida document number | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liabil | ity company here: | | | |
| BSG INTERMS, LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liability | y Company," the designation "LLC" o | or the abbro | eviation ' | ·IL.C." |
| Enter new principal offices address, if applicable: | N A | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | |
| | | | | |
| Enter new mailing address, if applicable: | N A | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u></u> |
| | | 20, | 22 | <u></u> |
| B. If amending the registered agent and/or registered offi | ice address on our records, | enter tl | e nam | e of the n |
| registered agent and/or the new registered office address here: | | 20: | 語 | engus sale 1. Spuns |
| | | jy∓j ma−√ m | 24 | } कुरुष् |
| Name of New Registered Agent: | N.A. | 7 (C) | > | |
| New Registered Office Address: | | CH CH | ۻ | |
| | Enter Florida street address | St. | Ψ | |
| | , Flori | ida | | |
| | City | | Zip Coo | le |

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------|----------------|
| | | | □ Add |
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| | tive date, if other than the date of filing: | |
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| E. Effec | tive date, if other than the date of filing: | √h |
| | | ; |
| docu | ment's effective date on the Department of State's records. | |
| | | |
| If the re | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: | |
| (b) Th | e 90th day after the record is filed. | |
| | | |
| Date | 1 MARCH 17, 2016. | |
| | | |
| | Diux | |
| | Signature of a member or authorized representative of a member | |
| | | |
| | Typed or printed name of signee | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00