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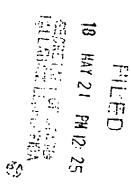
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| Special Instructions to | Filing Officer: | |
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| oun in za | The Ward C | iroup. LLC | | | | | |
| SUBJECT | : | Name of Limited Liability Company | | | | | |
| | | Amendment and fee(s) are sub | - | | | | |
| | | John Ward | | | | | |
| | | | Name of Person | | | | |
| | | The Ward Group, LLC | | | | | |
| | | | Firm/Company | | | | |
| | | 120 Casa Beila Blvd. | | | | | |
| | | | Address | | | | |
| | | DeLand, Florida 32724 | | | | | |
| | | | City/State and Zip Code | | | | |
| | | jward@businesstractioncen | ter.com to be used for future annual report notifi | | | | |
| For further | information co | oncerning this matter, please ca | | cationy | | | |
| John Ward | i | | 407 733-4318 | | | | |
| | Name of | Person | at () Area Code Daytime | Telephone Number | | | |
| Enclosed is | s a check for th | e following amount: | | | | | |
| □ \$ 25.00 | Filing Fee | ■ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | | |

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Ward Group, 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 December 21, 2015 Florida document number L15000211321 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." 120 Casa Bella Blvd. Enter new principal offices address, if applicable: DeLand, Florida 32724 (Principal office address MUST BE A STREET ADDRESS) 120 Casa Bella Blvd. Enter new mailing address, if applicable: DeLand, Florida 32724 (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:

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> | Name | Address | Type of Action |
|--------------|------------------|----------------------|------------------|
| AMBR | Rosemary A. Ward | 120 Casa Bella Blvd. | |
| | | DeLand, Fl 32724 | Remove |
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Filing Fee: \$25.00