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| (Re | questor's Name) | | | |
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| PICK-UP | MAIT | MAIL | | |
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| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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COVER LETTER

| TO: | Registration Sec Division of Corp | tion orations | • | |
|---------|--------------------------------------|---|---|--|
| SUBJE | | R FAMILY HOLDINGS, LLC | C | |
| SUBJE | .c.: | Name of Limi | ted Liability Company | |
| The end | closed Articles of A | mendment and fee(s) are subm | nitted for filing. | |
| Please | return all correspon | dence concerning this matter t | to the following: | |
| | | SCOTT R. JABLONSKI, E | ESQ. | |
| | | | Name of Person | |
| | | CORRIDOR LEGAL LAW | YYER, PLLC | |
| | | | Firm/Company | |
| | | 2903 W. NEW HAVEN AV | VE. #462 | |
| | | | Address | |
| | | MELBOURNE, FL 32904 | | |
| | | | City/State and Zip Code | |
| | | E-mail address: (to | o be used for future annual report notific | cation) |
| For fur | ther information co | ncerning this matter, please ca | ill: | |
| SCOT | ΓR. JABLONSKI | | 321 222-0930 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclose | ed is a check for the | e following amount: | | |
| \$25 | 5.00 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

MANZANAR FAMILY HOLDINGS, LLC

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

(A Florida Limited Liability Company)

| · | (A Florida Limited | Liability Company) | , | | | |
|--|--|---------------------------|-------------------------|---------------|-------------|-------------|
| The Articles of Organization for this Limited Li Florida document number $\frac{L16000002436}{L16000002436}$ | ability Company | were filed on 01/04/2 | 2016 | ar | nd assig | gned |
| This amendment is submitted to amend the following | owing: | | | | | |
| A. If amending name, enter the new name of | the limited liab | oility company here: | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabi | lity Company," the design | nation "LLC" or the | abbreviati | on "L.L. | C." |
| Enter new principal offices address, if application | able: | 2903 W. New Have | n Ave. | | | |
| (Principal office address MUST BE A STREE | #462 | | | | | |
| | | Melbourne, FL 3290 | 04 | | هرس. روت | • |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 2903 W. New Have | n Ave. | t. | E1 29 | na f |
| | | #462 | | F | 77 | - : ; |
| | | Melbourne, FL 3290 | 04 | ⊙;= | | المين. ا |
| B. If amending the registered agent and/registered agent and/or the new registered of | | <u>e</u> : | nr records, <u>ente</u> | SS r the n | ame of | f the nev |
| Name of New Registered Agent: | Name of New Registered Agent: New Registered Office Address: 2903 W. New Haven Ave. #462 Enter Florida street address | | | | | |
| New Registered Office Address: | | | | | | |
| | Melbourne | Line I water | | 2004 | | |
| | | City | , Florida <u>3</u> | Zip | Code | |
| New Registered Agent's Signature, if changing F | legistered Agent: | <u>.</u> | | · | | |

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

| Title | Name | Address | Type of Action |
|--------------|---------------------|------------------------|----------------|
| MGR | Scott R. Jablonski | 2903 W. New Haven Ave. | Add |
| | | #462 | □ Remove |
| | | Melbourne, FL 32904 | 🖹 Change |
| AP | Nicole K. Jablonski | 2903 W. New Haven Ave. | Add |
| | | #462 | 5 .0 |
| | | Melbourne, FL 32904 | Change |
| | | | |
| | | | |
| | | | ☐ Change |
| | | | ☐ Add |
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| | | | □ Change |

|). If amending any other informat | tion, enter change(s) here: (Attach additional sheets, if | necessary.) |
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| (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De | t be specific and cannot be prior to date of filing or more than 90 days ock does not meet the applicable statutory filing requirements epartment of State's records. I effective date, but not an effective time, at 12: | s, this date will not be listed as the |
| August 23 | 2016 | |
| Dated August 2.5 | | <u> </u> |
| | Sugnature of a member or authorized representative of a member | |
| | member of a member of authorized representative of a member | |
| Scott R. Jablonski | Typed or printed name of signee | |
| | | |
| | Page 3 of 3 | 5.A |

Filing Fee: \$25.00