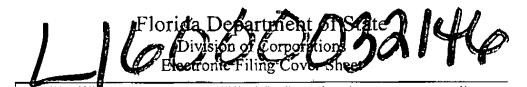
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Fax Number : (850)617-6383

From:

Account Name : PAUL SALVER, P.A.

Account Number : 120020000087

Phone : (954)389-1333

Fax Number

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN IGI HOLDINGS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ICLUOURINGS LLC

(Name of the Li	orited Liability Company as it now eros (A Florida Limited Liability Company	tal) on our excels).	
The Articles of Organization for this Limited Florida document number L16000032146	Liability Company were filed on	2/16/16 and #ssigned	
This amendment is submitted to amend the fo	ollowing:		
A. If amending name, enter the new name	of the limited lighility company	here:	
The new name must be distinguishable and contain the	e words "Limited Liability Company," the	e designation "LLC" or the abbreviations L.L.C.S	
Enter new principal offices address, if appl	licable:	, , , , , , , , , , , , , , , , , , ,	T
(Principal office address MUST BE A STRE	CET ADDRESS)	0H 0T	F
Enter new mailing address, if applicable:	<del>-</del>	COM P.	0
(Malling address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent an registered agent and/or the new registered		on our records, enter the name of the ne	<b></b>
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	501 SE 2ND ST., #1334		
		Florida street address	
	FT. LAUDERDALE		_
	City	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 smeadin	ig Authorized Person(s) authorized to ma <u>1 from our records</u> :	anage, guier the title, name, and address of a	SON CE 200 Deine auded
MGR⇒ N AMBR = /	Hanager Authorized Member		M 10: 0
Title	Name	Address	Type of Action
AP	PIEDRAHITA, VANESSA	2721 EXECUTIVE PARK DR.	
		SUITE 4	■ Remove
		WESTON, FL 33331	☐ Change
AMBR	GARCIA, ERICK	3759 FM (488 RD.	
		SPRING, TX 77384	≅ Remove
			Clrange
AMBR	WEINBERG PINTO, JONATHAN	1524 ISLANDS BLVD.	D Add
		AVENTURA, FL 33160	■ Remove
			Change
AMBR	WEINBERG LOPEZ, SAMUEL	3301 NE 183 ST.	D Add
		APT. 2503	■ Remove
		AVENTURA, FL 33160	Change
AMBR	BARBARA URREA	1544 SAWDUST RD.	
<del></del>		SUITE 501	Remove
		THE WOODLANDS, TX 77380	Change
MBR	RALPH RAMPULLA	501 SE 2ND ST.	
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		FT. LAUDERDALE, FL 33301	C Chaper

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od X. July 28	2017	·		
X	Talkenber or subso	rized representative of a	member	*****

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