| AUG/09/2016/TUE | 01:05 PM                     | FAX No.   |  | P. 001/004              |
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| ê/9/2016        | LIL                          | Division of Corporations<br>Florida Depart  | s Mr. V S                                    | Ý                       |
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|                 | Fax f<br>From:               | sion of Corporations<br>Number : (850)617-6383<br>unt Name : EXPRESS CORPORATE FIL: | AHAS   |                         |
|                 | Accol<br>Phone<br>Fax 1      | unt Number : I20000000146<br>e : (305)444-4994<br>Number : (305)444-4977            | E, FLORI                                     |                         |
|                 | **Enter the ema<br>annual re | ail address for this business enti-<br>port mailings. Enter only one emai           | ty to be used for fu<br>il address please.** | l <del>tu</del> re      |
|                 | Email Add                    | lress:  |  |                         |
|                 |                              | IND/RESTATE/CORRECT OF<br>GROUP F&L, LLC  | R M/MG RESIGN                                | <u></u>                 |
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| 09/2016/TUE 01:06 PM   | FAX No.  | •                                    | P. 002/004                          |
|--|--|--------------------------------------|-------------------------------------|
|  | ES OF AMENDMENT<br>TO  | <b>2</b> *                           |                                     |
|  | S OF ORGANIZATION<br>OF  |                                      |                                     |
|  |  |                                      |                                     |
| GROUP F&L, LLC<br>(Name of the Limited Liabi   | lity Company as it now appears on our                                  | records.)                            |                                     |
| The Articles of Organization for this Limited Liability<br>Florida document number L16000046864  | da Limited Liability Company)<br>Company were filed onO3/2<br>         | 07/2016                              | and assigned                        |
| This amendment is submitted to amend the following:  |  |                                      |                                     |
| A. If amending name, enter the new name of the lin   | nited liability company here:  |                                      |                                     |
|  |  |                                      |                                     |
| The new name must be distinguishable and contain the words "Lin  | mited Liability Company," the designation                              | n "LLC" or the abbr                  | eviation "L.L.C."                   |
| Enter new principal offices address, if applicable:  | 600 E HALLANDALE I   |                                      |                                     |
| (Principal office address MUST BE A STREET ADD   | ·······  |                                      |                                     |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)  | HALLANDALE BEACI<br>600 E HALLANDALE I<br>UNIT 644<br>HALLANDALE BEACI | BEACH HLVD                           |                                     |
| B. If amending the registered agent and/or registered agent and/or the new registered office ade<br>Name of New Registered Agent:  |  | ecords, <u>enter t</u> i             | De name of the n                    |
| New Registered Office Address:   |  |                                      |                                     |
|  | Enter Florida street   | address                              |                                     |
|  |  | _, Florida                           | Zip Code                            |
| New Registered Agent's Signature, if changing Register   | City<br>ed Agent:  |                                      | Lip Cons                            |
|  |  | . I familian areas                   | a ta annah with.                    |
| I hereby accept the appointment as registered agent<br>provisions of all statutes relative to the proper and<br>accept the obligations of my position as registered of<br>being filed to merely reflect a change in the register | complete performance of my duit<br>agent as provided for in Chapter    | es, and I am fai<br>605, F.S. Or, if | niliar with and<br>this document is |

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If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

| AUG/09/2016/TUE | 01:06 | PM |
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## FAX No.

## P. 003/004

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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 |
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| E. Effective date, if other than t<br>(If an effective date is listed, the date i | he date of fi                 | hing:                | to date of tiling o                    | more then 90 d | _ (options     | al)<br>ag ) Pursua | nt to 60° |
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| ······································  | Signature o                   | f a member or aut    | horized representat                    | Ve of a member |                | Lu J               | <u>t</u>  |
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