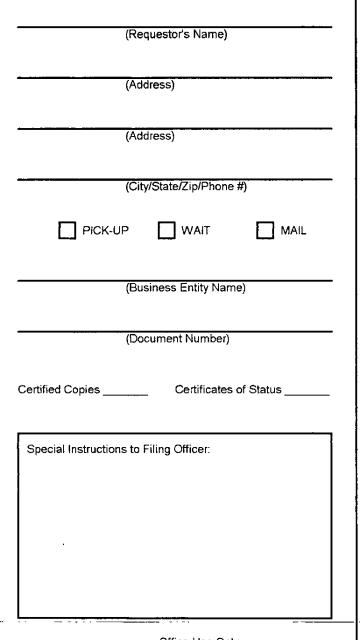
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COVERLETTER

| TO: | Registration Sec Division of Corp | | • | | | | | | |
|-------------------------------------|--------------------------------------|--|---|--|--|--|--|--|--|
| end n | | atters Investments LLC | | | | | | | |
| Name of Limited Liability Company | | | | | | | | | |
| The en | closed Articles of | Amendment and fee(s) are subr | mitted for filing. | | | | | | |
| Please | return all correspon | ndence concerning this matter t | to the following: | | | | | | |
| | | Paul Ross | | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | Name of Person | | | | | | |
| | | Property Matters Investmen | nts LLC | | | | | | |
| | | | Firm/Company | | | | | | |
| 5499 North Federal Highway, Suite A | | | | | | | | | |
| | | | Address | | | | | | |
| | | Boca Raton, FL 33487 | | | | | | | |
| | | | City/State and Zip Code | | | | | | |
| | | paulross@propertymatters.n | | | | | | | |
| | | E-mail address: (t | o be used for future annual report notific | cation) | | | | | |
| For fu | rther information co | oncerning this matter, please ca | dl: | | | | | | |
| Paul F | Ross | | 561 7138769 | | | | | | |
| | Name of | `Person | at () | Telephone Number | | | | | |
| Enclos | sed is a check for th | e following amount: | | | | | | | |
| □ \$2 | 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

| Property Matters Investments LLC | | | | | | |
|---|---|--|--|--|--|--|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | | | | | |
| The Articles of Organization for this Limited Liability Company Florida document number L16000053981 | were filed on 3/16/2016 and assigned | | | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | | | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | | | | |
| Enter new principal offices address, if applicable: | 5499 North Federal Highway, Suite A | | | | | |
| Principal office address MUST BE A STREET ADDRESS) | Boca Raton | | | | | |
| | FL 33487 | | | | | |
| Enter new mailing address, if applicable: | 5499 North Federal Highway, Suite A | | | | | |
| Mailing address MAY BE A POST OFFICE BOX) | Boca Raton | | | | | |
| | FL 33487 | | | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: | | | | | | |
| | 5 | | | | | |
| New Registered Office Address: | Enter Florida street address | | | | | |
| | , Florida | | | | | |
| | City Zin 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 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> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|----------------------------|---------------------------------------|
| MGR | Paul Ross | 5499 North Federal Highway | |
| | | Suite A | □ Remove |
| | | Boca Raton, FL 33487 | ☐ Change |
| MGR | Simon Isaacs | 5499 North Federal Highway | |
| | | Suite A | ☐ Remove |
| | | Boca Raton, FL 33487 | ■ Change |
| | | | Add |
| | | | Remove |
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| ective date, if other than th | e date of filing: | | | (optional | ` | |
| effective date is listed, the date m te: If the date inserted in this ument's effective date on the | ust be specific and canno block does not meet th | t be prior to date of e applicable sta | f filing or more than stated that stated filing require | 0 days after filing | z.) Pursuant to | 605.02 listed : |
| record specifies a delaye he 90th day after the re | ed effective date, cord is filed. | but not an e | ffective time, at | : 12:01 a.m. | on the ea | ırlier |
| ed 6th April | 201 | 6 | 1 | _ | | |
| eu | · · · · · | | | → | | |
| | | | ///// | _ | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00