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MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Twelve20 | Holdings. | LLC | | | |
|--|--|----------------------|---------------|------------|-------------|
| (Name of the Limited Liabili (A Florida | ity Company as it new apple la Limited Liability Company) | ars on our records. |) | | |
| The Articles of Organization for this Limited Liability C Florida document number <u>L160007477</u> | | 4/15/2 | ما ۱۵ | and as | signed |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the lim | nited liability company h | nere: | | | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the | designation "LLC" | or the abbrev | iation "L | L.C." |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | | SE(| ති | |
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| | , | | A58 | 9 | pa hadh d |
| Enter new mailing address, if applicable: | | | :A-1: (mc) | <u></u> | 1 1 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u>-</u> - | |
| | | | JATE JANE | Į. | |
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| B. If amending the registered agent and/or registered agent and/or the new registered office add | | n our records, | enter the | name | of the new |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | Enter Fl | orida street address | | | ··········· |
| . · | 0.1 | , Flo | rida | 7:- 01 | |
| | City | | 4 | 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| | MGR = Mana AMBR = Auth | ager norized Member | | |
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Filing Fee: \$25.00