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June 1, 2016

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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Wayne Hussey Consulting, LLC

Dear Sir/Madam: \

Enclosed you will find the following documents to be filed with the Secretary of State in this order:

- Articles of Amendment 1)
- 2) Statement of Authority

I have enclosed two checks in the amount of \$25.00 each to cover the filing fees.

If you have any questions, please do not hesitate to contact me.

Sincerely,

Kathy Zampella

Legal Assistant

/klz

Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability Compa (A Florida Limited l | ny as it now appears on our records.) Liability Company) | |
|---|---|--------------------------|
| The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000098227}{L16000098227}$. | were filed on MAY 19, 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 | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 6460 MOURNING DOVE DRIVE | #501 |
| (Principal office address MUST BE A STREET ADDRESS) | BRADENTON, FL 34210 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her | · · | ter the name of the nev |
| Name of New Registered Agent: | | 5 |
| New Registered Office Address: | Enter Florida street address | 9- HU |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agr | ee to act in this capacity. I further | agree to comply with th |

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

| MGR = M $AMBR = A$ | anager uthorized Member | | |
|--------------------|----------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior to date of fil Note: If the date inserted in this block does not meet the applicable statute document's effective date on the Department of State's records. | ing or more than 90 days after filing.) Pursuant | |
| ne record specifies a delayed effective date, but not an effec The 90th day after the record is filed. | ctive time, at 12:01 a.m. on the ϵ | earlier (|
| Dated JUNE 1 , 2016 . | | |
| _/2 &///// | | _ |
| Signature of a member or authorized repres | antativo af a mambar | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00