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COVER LETTER

TO:	Registration Sec Division of Corp				
CHD	Willow Lan	e Holdings, LLC			
SUB	JECI:	Name of Lim	ited Liability Company		
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Pleas	se return all correspon	ndence concerning this matter	to the following:		
		Manuel Farach, Esquire, A	attorney-In-Fact		
			Name of Person		
		McGlinchey Stafford			
			Firm/Company		
		l East Broward Blvd., Sui	te 1400		
	Address				
		Fort Lauderdale, Florida	33301		
			City/State and Zip Code		
		mfarach@mcglinchey.com			
		E-mail address: (to be used for future annual report notific	ation)	
For f	further information co	oncerning this matter, please ca	all:		
Mar	nuel Farach, Esquire,	Attorney-In-Fact	954 356-2501 at ()		
	Name of	Person	Area Code Daytime T	elephone Number	
Encl	osed is a check for th	e following amount:			
	\$25.00 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

Willow Lane Holdings, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number L16000148999	Liability Company	were filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
N/A				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4925 Greenville Avenue		
		Suite 1400		
		Dallas, Texas 75206		
Enter new mailing address, if applicable:		N/A		
Mailing address MAY BE A POST OFFICE	S BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			enter the name of the	
			3 - 6	
Name of New Registered Agent:	N/A		3 3	
New Registered Office Address:	N/A			
		Enter Florida street address		
	N/A	, Flor		
		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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Ma $AMBR = Au$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
•			Change
			Add
			Remove
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ote:	tive date, if other than the date of filing: (optional) (it is the date in listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.00 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 0th day after the record is filed.
ated	eptember 21 2016

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Filing Fee: \$25.00