L16000155595

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : I2000000195 |
|----------------------------|------------------|
| REFERENCE | : 255425 7103152 |
| AUTHORIZATION | South of and |
| COST LIMIT | : \$ 25.00 |
| ORDER DATE : June 13, 2018 | |

- ORDER TIME : 8:57 AM
- ORDER NO. : 255425-005
- CUSTOMER NO: 7103152

DOMESTIC AMENDMENT FILING

NAME: CSG GROUP, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT CHANGING THE AUTHORIZED PERSON TITLE FROM AUTHORIZED MEMBER TO MANAGER.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CSG | Group, | LLC |
|-----|----------|-----|
| ~~~ | C | |

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>August 19, 2016</u> and assigned Florida document number <u>L16000155595</u>

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

| Enter new principal offices address, if applicable: | |
|---|--|
| (THROPH Office dataress prost <u>BE A STREET ADDRESS)</u> | |
| | |
| Enter new mailing address, if applicable: | - |
| (Mailing address MAY BE A POST OFFICE BOX) | <u>~</u> ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| | |

| Name of New Registered Agent: | | |
|--------------------------------|-------------------------|---------------------|
| New Registered Office Address: | Enter Florida street ad | ibess |
| | Cuy | Florida 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, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
|--------------|--------------------------------|--------------------------|----------------|
| MGR | Barron Collier Management, LLC | 2600 Golden Gate Parkway | Add |
| | | Naples, Florida 34105 | Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated June 13 2018 Signature of a member or authorized representative of a member

Matthew L. Grabinski, Authorized Representative of a member

Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00