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| Division of Cor | | | | |
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| IAGCAS I' | V 80C2, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | Sandra Z. Green | | | |
| | | Name of Person | , | _ |
| | JONATHAN H. GREEN | & ASSOCIATES, P.A. | | |
| | | Firm/Company | | - |
| | 800 Brickell Avenue Suite | 1400 | | |
| | | Address | | - |
| | Miami, Florida 33131 | | | <u></u> |
| | | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual report notific | ation) | |
| For further information c | oncerning this matter, please ca | all: | | |
| Sandra Z. Green | | 305 372-5100 at () | | |
| Name o | f Person | Area Code Daytime 7 | Telephone Numbe | <u></u> |
| Enclosed is a check for the | ne following amount: | | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ate of Status & |

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

IAGCAS IV 80C2, LLC (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 $\frac{08/23/2016}{}$ and assigned Florida document number ___L16000157953 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the пате registered agent and/or the new registered office address here: U F Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

Florida

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> | Name | Address | Type of Action |
|--------------|--------------|---------------------|----------------|
| MGR | Brian Cooper | 6929 NW 46TH STREET | B Add |
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| ective date, if other than the date effective date is listed, the date must be te: If the date inserted in this block tument's effective date on the Department. | specific and cannot be pri does not meet the appl | icable statutory filii | nore than 90 days after | ional) er filing.) is date | Pursuant will not | t to 605.020' be listed as |
| record specifies a delayed e The 90th day after the record | | ot an effective | time, at 12:01 | a.m. (| on the | earlier o |
| ed September 13 | , 2016 | / <i>/</i> // | | | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00