Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BAND, GATES, DRAMIS, P.L.

Account Number : I20130000059

: (941)366-8010

Phone

Fax Number : (941)366-5368

**Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

HIGH ROAD GROUP, LLC

Certificate of Status 0 Certified Copy Page Count 03 Estimated Charge \$25.00

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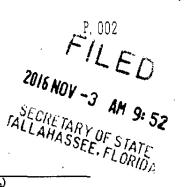
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K. SALY NOV - 4 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| HIGH ROAD G | ROUP, LLC |
|-------------|-----------|
|-------------|-----------|

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

| (A rionga Limited | а главіліту Сопорацу) | • | | |
|---|---|--|--|--|
| The Articles of Organization for this Limited Liability Companies Florida document number $\frac{L16000175757}{L16000175757}$. | ny were filed on SEPTEMBER 21, 2016 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lis | ability company here: | | | |
| The new name must be distinguishable and contain the words "Limited Lial | bility Company," the designation "LLC" or the abb | reviation "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 registered agent and/or the new registered office address he | | the name of the nev | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | Enter Florida street address | | | |
| | | | | |
| | , Florida | Zip Code | | |
| New Registered Agent's Signature if changing Registered Agen | t· | | | |

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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|------------------------|------------------|
| MGR | Gabriel reed | 4411 BEE RIDGE RD #119 | □ Add |
| - | | SARASOTA, FL 34233 | Remove |
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| Effective date, if other than the date of filing: ((If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 603.0207 ROSE; If the date isosered in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The spoth day after the record is filed. NOVEMBER 3 2016 Signature of a member or authorized representative of a member | | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) | _ |
|---|---------------------------------------|--|------------------|
| Effective date, if other than the date of filing: ((If an effective date is flated, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable stanutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 1. The 90th day after the record is filed. Dated NOVEMBER 3 2016 | | | _ |
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| Signature of a member or authorized representative of a member | Dated | NOVEMBER 3 2016 | |
| Signature of a member or authorized representative of a member | | | |
| | | Signature of a member or authorized representative of a member | |
| CHAD LEE GATES, ESQ., AUTHORIZED REPRESENTATIVE OF A MEMBER | | | |

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