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Fax Number

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone : (954)208-0845 Fax Number

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF AMENDMENT				
	TO ARTICLES OF ORGA	NUZ ATION		
es <b>ilo</b>	ARTICLES OF ORGA OF	NIZATION		
	Or		٠٠٠ . · · ·	
В	anks Family Investments, LLC		7.7 <sub>2</sub>	
_	(Name of the Limited Liability Company as it (A Florida Limited Liability	iow gingars on our records.) (ompany)	May John Son Contract Son	
The Articles of	Organization for this Limited Liability Company were fi	led on 10-18-2016		
Florida docume	nt number L16000191717			
This amendmen	t is submitted to amend the following:			
A. If amending	name, enter the new name of the limited liability co	mpany here:		
The new name mus	t be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbri	eviation "L.L.C."	
Enter new prin	cipal offices address, if applicable:		A STATE OF THE STA	
(Principal office	address MUST BE A STREET ADDRESS)		<u> </u>	
	ing address, if applicable:  SEMAY BE A POST OFFICE BOX)			
B. If amending agent and/or the	the registered agent and/or registered office address te new registered office address here:	on our records, enter the name	of the new registered	
Name	of New Registered Agent:			
New F	egistered Office Address:			
<u> </u>		Enter Florida street address		
		, Florida		
	Cir	у	Zip Code	
	Agent's Signuture, if changing Registered Agent:			
provisions of a accept the oblibeing filed to n	t the appointment as registered agent and agree to a Il statutes relative to the proper and complete perfor gations of my position as registered agent as provide nerely reflect a change in the registered office addre een notified in writing of this change.	mance of my duties, and Lam far ed for in Chapter 605, F.S. Or, if	mitiar with ana Tthis document is	

If Changing Registered Agent, Signature of New Registered Agent

19542080845

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

Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
MGR	George Wayne Banks II Revocable Trust	10455 Riverside Dr Suite 200,	∐Add
		Palm Beach Gardens, FL 33410	■Remove
		10455 Riverside Dr Suite 200,	
MGR	George W. Banks	Palm Beach Gardens, FL 33410	
			□Remove
			□Clzinge
			🗀 Add
			□Remove
			☐ ☐ Change
			□Add
			Remove
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			□Add
			□Remove
			☐ Change

From, Kaity

), If amendir	ig any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effective Note: If the	date, if other than the date of filing:    f
If the record sprecord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	January 4th, 2012
	Signature of a member or authorized representative of a member
	George W. Banks