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Account Name :

: GARY, DYTRYCH & RYAN, P.A.

Account Number : 119990000255

: (561)844-3700

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HOG SNAPPERS HOLDINGS, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HOG SNAPPERS HOLDINGS, LLC		
(Name of the Limited Liability Compan (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 11/15/2016	and assigned
Florida document number L16000208937	,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
		9 <b>6</b>
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the	ne abbreviation "L.L.P"
Enter new principal offices address, if applicable:		9 1
(Principal office address MUST BE A STREET ADDRESS)		, <b>y</b> 5
		MH 9: 21
		9,
Enter new mailing address, if applicable:		7.09
(Mailing address MAY BE A POST OFFICE BOX)		····
		<u></u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	I
	City	Zip Code
AT INCIDENT AND AN OFFICE A SECOND OF A SE		

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

Page 1 of 3

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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	Arthur Rivaldo	10802 SE Arielle Terrace	Add
		Tequesta, FL 33469	C Remove
			Change
MGR	Melanie Vazquez	10802 SE Arielle Terrace	= Add
		Tequesta, FL 33469	□ Remove
			Change
MGR	Campbell CPO Services, LLC	1955 Tudor Road	<b>=</b> Add
		North Palm Beach, FL 33408	□ Remove
			Change
MGR	Mark Campbell	3001 PGA Blvd., Suite 305	<u>⊂</u> □ A <u>dd</u>
<u>-</u> ,		Palm Beach Gardens, FL 33410	Add Vision Report
,			G Change
		<del></del>	Adden C
			Pemove
		·	Change
			D Add
			Pemove
	•		Change

Page 2 of 3 (((H16000295483 3)))

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	~ <b>ງ</b> ໄ	-17
00 pt	<b>13</b>	m
	ည် က	U
	2	
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 605.02  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	207 (3)(b as the	»)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier (b) The 90th day after the record is filed.	of:	
Dated 13/2 , 2016		
CA		
Signature of a member or authorized representative of a member		
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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