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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

| TO: Registration So Division of Co | ection rporations | .44 | |
|---------------------------------------|----------------------------------------------|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Delridge A | we LLC | | |
| SUBJECT: | Name of Limit | ted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please return all correspo | ondence concerning this matter t | o the following: | |
| | ITAY GUY | | |
| | | Name of Person | |
| | Delridge Ave LLC | | |
| | - | Firm/Company | |
| | 2630 Edgewater Drive | | |
| | | Address | |
| | Orlando, FL 32804 | | |
| | | City/State and Zip Code | |
| | itay@exclusivecollection.com | | |
| | | o be used for future annual report notifi | ication) |
| For further information of | concerning this matter, please ca | II: | |
| ITAY GUY | | 321 247-3153 | |
| Name o | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

| Delridge Ave LLC | | |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------|
| (Name of the Limited Liability Com (A Florida Limite | pany as it now appears on our records.) d Liability Company) | |
| The Articles of Organization for this Limited Liability Compar | ny were filed on Nov 23, 2016 | and assigned |
| Florida document number L16000214720 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited list | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Lia | ability 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) | | |
| | | TASE |
| | | LAL |
| Enter new mailing address, if applicable: | | 83 X X X X X X X X X X X X X X X X X X X |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | | STAL LOR 7: L |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | office address on our records, <u>er</u> <u>ere</u> : | nter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florid | |
| | City | 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, 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 |
|--------------|--------------------------------------|--------------------|----------------|
| AMBR | Exclusive Collection Fine Homes, INC | 2630 Edgewater Dr. | Add |
| | | Orlando, FL 32804 | ■ Remove |
| | | | Change |
| AMBR | SGC HOLDINGS USA, LLC | 2630 Edgewater Dr. | <u></u> ■ Add |
| | | Orlando, FL 32804 | □ Remove |
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| Effe | ctive date, if other than the date of filing: (optional) | | |
| lfan (| 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be | | |
| docu | ment's effective date on the Department of State's records. | e iistec | 1 45 1 |
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| ne r | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the | earlie | r of |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00