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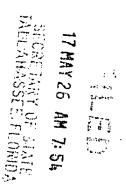
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| Certified Copies          | Certificates      | of Status |
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| Special Instructions to I | Filing Officer:   |           |
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### **COVER LETTER**

| TO:       | Registration Se<br>Division of Cor |  |   | -   |
|-----------|------------------------------------|--|---|---|
| SUBJI     |                                    | Holdings I, LLC                              | •   |   |
| 1         | <u> </u>                           | Name of Lim                                  | ited Liability Company  |   |
|           |                                    | Amendment and fee(s) are sub                 | <del>-</del>  |   |
| , , , , , | Total an Concept                   | Jason Haber                                  | to me following.  |   |
|           |                                    |  | Name of Person  |   |
|           |                                    | Haber Blank, LLP                             |   |   |
|           |                                    |  | Firm/Company  |   |
|           |                                    | 888 S. Andrews Avenue, S                     | uite 201  |   |
|           |                                    |  | Address   |   |
|           |                                    | Fort Lauderdale, FL 33316                    |   |   |
|           |                                    |  | City/State and Zip Code   |   |
|           |                                    | citronrealestate@gmail.com                   | to be used for future annual report notif                           | (action)  |
| For fu    | rther information co               | oncerning this matter, please ca             |   |   |
| Jason     | Haber                              |  | 954 767-0300<br>at ()   |   |
|           | Name o                             | f Person                                     | Area Code Daytime   | Telephone Number  |
| Enclos    | sed is a check for th              | ne following amount:                         |   |   |
| \$2       | 5.00 Filing Fee                    | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| Primonent Holdings I, LLC   |   |   |                                |
|---|---|---|--------------------------------|
| (Name of the  | Limited Liability Company<br>(A Florida Limited Lia | y as it now appears on our record<br>ability Company) | <u>s.</u> )                    |
| The Articles of Organization for this Limi Florida document number L16000228476 | ted Liability Company w                             | vere filed on 12/19/2016                              | and assigned                   |
| This amendment is submitted to amend th   | e following:  |   |                                |
| A. If amending name, enter the new na   | me of the limited liabili                           | ity company here:                                     |                                |
| The new name must be distinguishable and contain                                | n the words "Limited Liability                      | y Company," the designation "LLC                      | " or the abbreviation "L.L.C." |
| Enter new principal offices address, if a                                       | pplicable:  |   | Marin d'                       |
| Principal office address MUST BE A ST   | REET ADDRESS)                                       |   |                                |
|   |   |   |                                |
| ,<br>Zuton nom molling adduces if annlisabl                                     |   |   | Y26                            |
| Enter new mailing address, if applicable  |   |   | 3 3 17                         |
| Mailing address MAY BE A POST OFF   | (ICE BOX)   | <u> </u>  | 02. <b>2</b> 0                 |
|   |   |   | D                              |
| 3. If amending the registered agent registered agent and/or the new register    |   |   | s, enter the name of the r     |
| Name of New Registered Agent:   |   |   |                                |
| New Registered Office Address:  |   |   |                                |
| <del>_</del>  |   | Enter Florida street addres                           | 'S                             |
|   |   |   | orida                          |
|   |   | 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 |
|--------------|-----------------|-------------------------|----------------|
| Auth. Rep    | Sharon Hornfeld | 5481 Wiles Road         | □ Add          |
| •            |                 | Suite 502               | ■ Remove       |
|              |                 | Coconut Creek, FL 33073 | ☐ Change       |
|              |                 |                         | Add            |
|              |                 | A 19 Marie 17 Marie 1   | Remove         |
|              |                 |                         | Change         |
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| tive date, if other than the dat   | e of filing:   |   | (optional)   |                        |
| ffective date is listed, the date must be a If the date inserted in this block | specific and cannot be prior to does not meet the applicab | date of filing or more than<br>le statutory filing requir | 90 days after filing.) Pursua<br>rements, this date will not | nt to 605<br>t be list |
| ment's effective date on the Depar   |  |   |  |                        |
| seard specifies a delayed off  | fostiva data but not                                       | an official time a  | st 12:01 a.m. on the   | . oarli                |
| ecord specifies a delayed eff<br>e 90th day after the record                   |  | an enective time, a                                       | it 12.01 a.iii. Oii tile                                     | : earn                 |
| 4 <i>A</i>   | 20.7   |   |  |                        |
| d <u>May 10</u>  | 2017   |   |  |                        |
|  |  |   |  |                        |
|  |  | zed representative of a me                                |  |                        |

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Filing Fee: \$25.00