Division of Corporations

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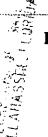


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To:	Division of Corporations Fax Number : (850)617-6383	にはないに、	CT-9 P
From:	Account Name : AGINCOURT INDUSTRIES LLC Account Number : 120170000015 Phone : (904)252 4063 Fax Number : (651)265-3109	1344	M 12: 35

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

(Name of the Limited Liability Comp. A Florida Limited	ny as il now appears on our recor Liability Company)	<u>ds.</u> )	
The Articles of Organization for this Limited Liability Company Florida document number	and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	slity company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LI	C" or the abbreviation "L.L.C"	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		21. 0	
	•		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)		- <del>2</del>	
		Will Gr	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		rds, enter the name of the nev	
Name of Nam Revistand & cont.	,i,		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addr	re35	
	,	. Florida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duties, provided for in Chapter 602	and I am familiar with and 5, F.S. Or, if this document is	

If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
MOR	Scott Moore Management, Inc.	25 North Market Street	
		Jacksonville, Plorida.	
			■ Remove
			☐ Change
MGR	Agincourt Industries, LLC	25 North Market Street	## Add
		Jacksonville, Florida	□ Remove
			□ Change
			□ Remove
			□ Change
			Add
		<del>-</del>	Remove
			Change C
			Remove IS
			Change 3
		<u></u>	
			□ Remove
			☐ Change

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17000266676 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 10/1/2017 E. Effective date, if other than the date of filing: (optional)
(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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. October 9 Dated . Scott Moore, as Manager of Agincourt Industries, LLC (Sole Member of Entity) Typed or printed name of signife Page 3 of 3

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Filing Fee: \$25.00