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C. GOLDEN FEB 2 4 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 521349 4338256

AUTHORIZATION : Typels ble man

COST LIMIT : \$ 185.00

ORDER DATE: February 23, 2017

ORDER TIME : 3:30 PM

ORDER NO. : 521349-065

CUSTOMER NO: 4338256

DOMESTIC AMENDMENT FILING

NAME: EQUITY ONE CAPITAL MANAGEMENT

INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX ___ CERTIFIED COPY

____ PLAIN STAMPED COPY

XX ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section Division of Corporat				
SUBJECT: Equity One Capita	al Management LLC	2		
	(Name of Resu	lting Florida Limited Cor	npany)	-
The enclosed Articles of Co Business Entity" into a "Flo				
Please return all correspond	ence concerning	this matter to:		
Laura-Jayne Urso				
(Cont	tact Person)	<u> </u>		
Kirkland & Ellis LLP				
(Firm	/Company)			
601 Lexington Avenue				
	Address)			
New York, NY 10022	,			
(City, Star	te and Zip Code)			
E-mail Address: (to be used for	or future annual rep	ort notifications)		
For further information cond	cerning this matt	er, please call:		
(Name of Contact Perso	n)	_at ()(Area Code) (Da	ytime Telephone Number)	_
Enclosed is a check for the idollars and drawn on a bank			sed by this office must b	pe payable in US
	5.00 Filing Fees ertificate of	\$180.00 Filing Fees and Certified Copy	\$185.00 Filing Fees, Certified Copy, and Certificate of Status	
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circ Tallahassee, FL 32301	le	MAILING A Registration Division of O P. O. Box 63 Tallahassee,	Section Corporations 27	

Articles of Conversion For "Other Business Entity" Into

2017 FED 23 PE 12: 19

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Equity One Capital Management Inc.	Enter Name of Other Business Entity) P1000031614
2. The "Other Business Entity" i	s a corporation
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	orated under the laws of Florida
4/7/2016	(Enter state, or if a non-U.S. entity, the name of the country)
on(date of organization, formation or	incorporation)
3. The name of the Florida Limi	ted Liability Company as set forth in the attached Articles of Organization:
	and manning company as so, form in the actualists of organizations
Equity One Capital Management LLC	
Equity One Capital Management LLC (Enter Nat	ne of Florida Limited Liability Company)
Equity One Capital Management LLC (Enter Nat 4. If not effective on the date of (The effective date: 1) cannot l date this document is filed by t date listed in the attached Artic	filing, enter the effective date: Upon filing pe prior to date of receipt or filed date nor more than 90 days after the he Florida Department of State; AND 2) must be the same as the effective cles of Organization, if an effective date is listed therein.) does not meet the applicable statutory filing requirements, this date will not be listed as the

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 23rd day of February	. –	
Signed this day of	20	
Signature of Authorized Representative of Limi	ited Liability Company:	
	· · · · · · · · · · · · · · · · · · ·	
Signature of Authorized Representative: Just Printed Name: Aaron Kitlowski	Title: VP and Secretary	
Timed Hame.		•
Signature(s) on behalf of Other Business Entity:		
Signature: Description Frinted Name: Aaron Kitlowski		
Printed Name: Aaron Kitlowski	Title: VP and Sccretary	
***		•
Signature: Printed Name:		-
Printed Name:	Title:	=
Signature:		
Signature:Printed Name:	Title:	. _
Signature:Printed Name:	Title	•
i finted frame.	_ True.	-
Signature:Printed Name:		_
Printed Name:	Title:	-
Signature:		
Printed Name:	Title:	-
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer	
If Directors or Officers have not been selected, an In-		
<u>If Florida General Partnership or Limited Liabili</u> Signature of one General Partner.	ty Partnership:	
Signature of one General Partner.		
<u>If Florida Limited Partnership or Limited Liabili</u>	ty Limited Partnership:	
Signatures of ALL General Partners.		
All others:		
Signature of an authorized person.		
		.;; <u>;</u>
Fees:		()
Articles of Conversion:	\$25.00	• • • • • •
Fees for Florida Articles of Organization:	\$125.00	
Certified Copy:	\$30.00 (Optional)	
Certificate of Status:	\$5.00 (Optional)	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2817 FEB 23 PH 12: 19

ART	'ICL	E I -	Na	me:
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4844 A.	1	•	•	,	

The name of the Limited Liab	ility Company is:			植的红色
	al Management LLC			
(Must co	ontain the words "Limited I	Liability Company,	"L.L.C.," or "LLC.")	·· —
ARTICLE II - Address: The mailing address and stree	et address of the principal of	ffice of the Limited	Liability Company is:	
Princ	cipal Office Address:		Mailing Address	:
	Gardone Drive	160	N.E. Miami Gardens Drive	
<u> 1600 N.E. Miami</u>	Cardens Drive	1000		
North Miami Bea	ch, FL 33179 Agent, Registered Office, any cannot serve as its own	Norte Registered Agent.		dual or
North Miami Bea	Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered	North	it's Signature:	dual or
North Miami Bear ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio	North	it's Signature:	dual or
North Miami Bear ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registration eet address of the registered	North	it's Signature:	dual or
North Miami Bear ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio ect address of the registered Corporation Service (1201 Hays Street)	Registered Ager Registered Agent. 'n.) agent are: Company Name	nt's Signature: You must designate an indivi	dual or
North Miami Bear ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio ect address of the registered Corporation Service of	Registered Ager Registered Agent. 'n.) agent are: Company Name	nt's Signature: You must designate an indivi	dual or
North Miami Bear ARTICLE III - Registered A (The Limited Liability Compa another business entity with a	Agent, Registered Office, any cannot serve as its own an active Florida registratio ect address of the registered Corporation Service (1201 Hays Street)	Registered Ager Registered Agent. 'n.) agent are: Company Name	nt's Signature: You must designate an indivi	dual or

further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Courtney Williams Corporation Sorvice Company Asst. Vice President By: Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
Equity One, IncAMB®	1600 N.E. Miami Gardens Drive North Miami Beach, FL 33179
(Use attachment if necessary)	
ffective date is listed, the date must be s of filing.)	te of filing: Upon Filing (OPTIONAL) specific and cannot be more than five business days prior to or 90 c t meet the applicable statutory filing requirements, this date will not b at of State's records.
ffective date is listed, the date must be set of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE	specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not but of State's records.
Ifective date is listed, the date must be set of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a man This document is executed any aware that any fall.	specific and cannot be more than five business days prior to or 90 of the most the applicable statutory filing requirements, this date will not but of State's records.
Ifective date is listed, the date must be set of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a man This document is executed any aware that any fall.	t meet the applicable statutory filing requirements, this date will not be not of State's records. The member of an authorized representative of a member, and in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
Ifective date is listed, the date must be see of filing.) If the date inserted in this block does not ument's effective date on the Department LE VI: Other provisions, if any. REQUIRED SIGNATURE Signature of a man This document is exect I am aware that any fall constitutes a third degree. Aaron Kitlowsk	t meet the applicable statutory filing requirements, this date will not be a statutory filing requirements, this date will not be not of State's records. The member of an authorized representative of a member and in accordance with section 605.0203 (1) (b), Florida Statutes, se information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S. Typed or printed name of signee Filing Fees: reganization and Designation of Registered Agent