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TALLAHASSEE, FLORIDA

APR 10 2017 S. YOUNG

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJE	CT.	2 plu	s 2, LLC		
SUBJE		Name of Lim	ited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please :	return all correspo	indence concerning this matter	to the following:		
			Sonia Becerra		
			Name of Person		
			Swyft Filings, LLC		
			Firm/Company		
		12	605 East Freeway, Suite 509	F	
		₩	Address	· · · · · · · · · · · · · · · · · · ·	F.S.
			Houston, Texas 77015		る。
			City/State and Zip Code		I SERVE
			filings@swyftfilings.com	*	2 790
For furt	her information c	e-mail address: (to be used for future annual report noticall:	ncation)	TAPR 17 PH 2: 30
	Sonia B	··· ·······························	at (<u>877</u>)777-04	50	2.4
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	i.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

2 plus 2, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 03/07/2017 The Articles of Organization for this Limited Liability Company were filed on ___ and assigned L17000053429 Florida document number __ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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	VESS Captial Group, Inc.	151 N Nob Hill Road, Suite 303	□ Add
		Plantation, FL 33324	Remove
	,	· · · · · · · · · · · · · · · · · · ·	☐ Change
AMBR	VESS Capital Group, Inc.	151 N Nob Hill Road, Suite 303	Add
		Plantation, FL 33324	☐ Remove
			Change
AMBR	Li Holding, INC.	7951 SW 6th Street, Suite 216	Add
l		Plantation, FL 33324	Remove
		***************************************	☐ Change
MGR	Li Holding, INC.	7951 SW 6th Street, Suite 216	X Add
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te: If the date inserted	d in this block does not m	neet the applicable	te of filing or more statutory filing r	than 90 days after fill equirements, this da	ing.) Pursuant to 605 ate will not be liste	.0207 (3 ed as th
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ed April 1	<u> </u>	2017				
	Signature of a r	member or authorized	representative of	a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00