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To:

Division of Corporations

Fax Number

: (850) 617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, LLP - JACKSONVILLE

Account Number : 120130000058 Phone : (904)665-3631

Fax Number : (904) 665-3641

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email address: Kelly. dunn @ nelsonmullins.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEDERAL EASTERN INTERNATIONAL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FEDE	RAL EASTERN INTERNATIONAL, LLC	₩
(Name of the Lim)	ted Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u> </u>
	iability Company were filed on March 24, 2017	and assigned
Florida document number L17000068841	·	
This amendment is submitted to amend the foll	owing:	
A. If amending name, enter the new name o	f the limited liability company here:	
The new name must be distinguishable and contain the w	vords "Limited Liability Company," the designation "LLC" or the t	bbreviation, "L.L.G."
Enter new principal offices address, if applic	able:	1.
(Principal office address MUST BE A STREE	T ADDRESS)	e per per per per per per per per per pe
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	. 72
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered office address on our records, <u>enter</u> <u>fice address here</u> :	the name of the new
Name of New Registered Agent:	NELSON MULLINS RILEY & SCARBOROUGH, L.L.	P
New Registered Office Address:	ATTN; KELLY E. DUNN, 50 N. LAURA STREET, 41S	TFLOOR
	Enter Florida street address	
	JACKSONVILLE , Florida 32	202
	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 By KELLY E. DUNN, AUTHORIZED REPRESENTATIVE

Page 1 of 3

MGR = Manager

☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title <u>Name</u> <u>Address</u> Type of Action OSPREY FEDERAL, LLC AMBR 50 N. LAURA STREET, 41ST FL **■** Add JACKSONVILLE, FL 32202 □ Remove ☐ Change □ Add _□ Remove _ Change □ Add _□ Remove _□ Change □ Add ☐ Remove □ Change □ Add _□ Remove ☐ Change _□ Add _□ Remove

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ective date, if other than the effective date is listed, the date in eg. If the date inserted in this ument's effective date on the	he date of filing: aust be specific and cannot block does not meet the Department of State's r	be prior to date of the applicable statute ecords.	iling or more than 90 fory filing requiren	(optional) days after filing.) tents, this date v	Pursuant to 605.02 Vill not be listed
record specifies a delayone 90th day after the re		out not an effe	ective time, at	12:01 a.m. o	n the earlier
ed APRIL 4	2017	, 	-		
ì	1011 101	^^~			
	Signature of a member	/	sentative of a member		

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