Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone ; (512)418-6949 Fax Number : (954)208-0845

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ANDERSON UB INVESTORS, LLC

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Electronic Filing Menu

Corporate Filing Menu

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COVER LETTER

| TO: | | ration Secti n of Corpo | | | |
|---------|------------|----------------------------|--|---|---|
| SUBJE | | | Investors, LLC | , | |
| 3121361 | | | Name of Limi | ited Liability Company | |
| The en- | ciosed Ar | rticles of An | nendment and fee(s) are sub | nitted for filing. | |
| Please | return all | correspond | ence concerning this matter | to the following: | |
| | | | Thomas Munzenberger | | |
| | | | | Name of Person | |
| | | | Dickinson Wright PLLC | | |
| | | | The second secon | Firm/Company - | |
| | | | 500 Woodward Ave., Suite | : 4000 | |
| | | | · · · · · · · · · · · · · · · · · · · | Address | |
| | | | Detroit, MI 48226 | | |
| | | | | City/State and Zip Code | |
| | | | E-mail address: (1 | o he used for future annual report notif | ication) |
| For fur | ther infor | mation con | corning this matter, please ca | all: | • |
| Thoms | as Munze | | | at (| |
| | | Name of P | prson . | Area Code ' Daytime | : Telephone Number |
| Enclos | ed is a ch | eck for the | following amount: | | |
| □ \$2° | 5 90 Film | g 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 cupy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

grown English we have beautifully

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Anderson UB Investors, LLC | | |
|--|--|--|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appears on our records. |) |
| The Articles of Organization for this Limited Liability Company we Florida document number 117000075049 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabilit | y company here: | |
| Anderson VB Direct Investors, LLC | | |
| The new name must be distinguishable and contain the words "I inited 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) | VIII | naar talkii 1980 Magaannin 1997 (n. 1916) (n. 1916) Mariin aan aya ayeenni maasiin da 1996 |
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| | | |
| Enter new mailing address, if applicable; | | |
| (Mailing address MAY BE A POST OFFICE BOX) | rincipal offices address, if applicable: Fice address MUST BE A STREET ADDRESS) sailing address, if applicable: ress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new ent and/or the new registered office address here: | |
| | | 7 |
| | | |
| B. If amending the registered agent and/or registered offic | e address on our records, | enter the name of the new |
| registered agent and/or the new registered office address here: | 1 | |
| | | |
| Name of New Registered Agent: | | <u>5</u> |
| New Registered Office Address: | | |
| | Enter l'Iorida street address | |
| | , Flor | ida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change. | rformance of my duties, and vided for in Chapter 605, F. | I am familiar with and S. Or, if this document is |
| | | |

if Changing Registered Agent, Signature of New Registered Agent

100

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

| $\begin{array}{ll} MGR = & M \\ AMBR = & A \end{array}$ | anager uthorized Member | | |
|---|----------------------------|-------------|----------------|
| Title | Name | Address | Type of Action |
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19542080845 From: Ranae McGraw

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| ctive date, if other than the affective date is fisted, the date in this innent's effective date on the | iust be specific and cannot be block does not meet the a | prior to date of filing or opticable statutory fili | (optional) more than 90 days after filing.) Puring requirements, this date will | rsuant to 605 | 5,0207 (3)(b) ed as the |
| ecord specifies a delay se 90th day after the re | ed effective date, bu ecord is filed. | t not an effective | time, at 12:01 a.m. on | the earli | er of: |
| May, 4 | 2017 | · | | | |
| | Humit In | aller | | | |
| | Signature of a member or | authorized representati | e of a member | | |
| | | | | | |

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Filing Fee: \$25.00