

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | | : (850)617-6383 | | • |
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| From: | | | , * | : " |
| | Account Name | : FILINGS, INC. | :1 ? : | |
| | Account Number | : 072720000101 | | _ |
| | Phone | : (850)385-6735 | • | • |
| | Fax Number | : (954)641-4192 | | |
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| *Enter | the email addres: | s for this busine | ss entity to be | used for futur |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAE HOLDINGS 480106R, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu

Corporate Filing Menu

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H18000045137

ARTICLES OF AMENDMENT TO --ARTICLES OF ORGANIZATION OF

| FAE HOLDINGS 48010GR, LLC | | |
|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited) | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L17000120220 | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabit | ity 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) | | |
| | 1. | |
| | | • |
| Enter new mailing address, if applicable: | | <u> </u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | `• |
| | | |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address: | Ace address on our records, <u>er</u> : | nter the name of the new |
| | En-r Florida street address | |
| | | 9 |
| | Cloy ; Florida | 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 p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | performance of my duties, and I do ovided for in Chapter 605, F.S. | am familiar with and Or, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

H18000045137
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 |
|--------------|-------------------------|--------------------------|----------------|
| MGR | FIRST AMERICAN EXCHANGE | 215 SOUTH STATE STREET | |
| | | SUITE 380 | ■ Remove |
| | | SALT LAKE CITY, UT 84111 | |
| MRG | MARK CREWS | P O BOX 2134 | |
| | | OKEECHOBEE, FL 34973 | □ Remove |
| | | | C Change |
| | | | |
| | | • | □ Remove |
| | | : | Change |
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| | | .7 2 | Remove |
| | | <u> </u> | Change |
| | | · | |
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| Effective date, if other than the date of filing: (optional) (if an embetive date, if other than the date of filing: (if an embetive date is listed, the date must be specific and must be specific and must be specific and the applicable statutory filing or more than 90 days after filing.) Pursuant to 409 Mote: if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records. The 90th day after the record is filled. PEBRUARY S 2018 Signature of a member or autiforized representative of a member MARK J. NOWICKLESQ- AUTHORIZED REPRESENTATIVE— | 07/2018 10:04AH F | XX 9546414192 | BLACKSTONE LEGAL SUPPLI | E Ø0 |
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Filing Fee: \$25.00