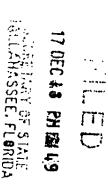
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| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | |
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COVER LETTER

| CHO ILC | Des P, LLC | | | |
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| SUBJEC | 1. | | ited Liability Company | |
| The enclo | sed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | urn all correspon | idence concerning this matter | to the following: | |
| | Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. the return all correspondence concerning this matter to the following: Timothy Fischer Name of Person Sandy Alexander, Inc. Firm/Company 200 Entin Road Address Clifton, NJ 0701-4 City/State and Zip Code tfischer@sandyinc.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: othy Fischer Name of Person To gray 968-3109 at (| | | |
| | | • | Name of Person | |
| | | Sandy Alexander, Inc. | Name of Limited Liability Company ment and fee(s) are submitted for filing. concerning this matter to the following: hothy Fischer Name of Person dy Alexander, Inc. Firm/Company Entin Road Address Ton, NJ 07014 City/State and Zip Code her@sandyinc.com E-mail address: (to be used for future annual report notification) hg this matter, please call: at (| |
| | | | Firm/Company | |
| | | 200 Entin Road | | |
| | | | Address | |
| | | Clifton, NJ 07014 | | |
| | | | City/State and Zip Code | |
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| For furthe | er information co | ncerning this matter, please co | all: | |
| Timothy | Fischer | | 973 968-3109 at () | |
| | Name of | Person | Area Code Daytima | e Telephone Number |
| Enclosed | is a check for the | e following amount: | | |
| □ \$25.0 | 0 Filing Fee | | Certified Copy | Certificate of Status & |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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

| Liability Company as it now appears Florida Limited Liability Company) | on our records.) | |
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| Is "Limited Liability Company," the de- | signation "LLC" or the abb | reviation "L.L.C." |
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| | Florida Limited Liability Company) ility Company were filed on Aug ing: ne limited liability company her Is "Limited Liability Company," the de le: ADDRESS) registered office address on se address here: | ility Company were filed on August 30, 2017 ing: the limited liability company here: Is "Limited Liability Company," the designation "LLC" or the abbule: ADDRESS) Tregistered office address on our records, enter to |

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

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 = A $AMBR = A$ | lanager authorized Member | | |
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| fective date, if other than the date of filing: no effective date is listed, the date must be specific and canote: If the date inserted in this block does not mee becoment's effective date on the Department of States | t the applicab | date of fili de statuto | ing or more th ry filing requ | (opt in 90 days afte irements, th | ional) er filing.) l is date w | Pursuant t ill not b | o 605.02 e listed : |
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| Much RArid Signature of a men | | | · · · · · · | | | | |

Page 3 of 3

Filing Fee: \$25.00