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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA



March 6, 2018

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Rescon Acquisitions, LLC

To Whom It May Concern:

My firm represents Rescon Acquisitions, LLC ("the Company"). Enclosed, please find the Division of Corporation's Form Cover Letter, Articles of Amendment to Articles of Organization, and my firm's check in the amount of Twenty Five and No/100 Dollars (\$25.00) for filing fees. As you can see, the Company is requesting that you remove Gokul Padmanabhan as Authorized Member, and add Bernice Cooks as Manager.

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,

/s/ Ryan Cipparone

Ryan Cipparone

RC/jmb Enclosures cc: Client (via Email)

COVER LETTER

| | Registration Sec Division of Corp | | | |
|------------------|--------------------------------------|--|---|---|
| SUBJEC | RESCON / | ACQUISITIONS, LLC | | |
| O O BULL | | Name of Lim | nited Liability Company | |
| The encle | osed Articles of A | Amendment and fee(s) are sub | omitted for filing. | |
| Please re | turn all correspor | ndence concerning this matter | to the following: | |
| | | Ryan Cipparone, Esquire | | |
| | | | Name of Person | |
| | | Cipparone & Cipparone, F | P.A. | |
| | | | Firm/Company | |
| | | 1525 International Parkwa | y. Suite 1071 | |
| | | | Address | |
| | | Lake Mary, FL 32746 | | |
| | | <u> </u> | City/State and Zip Code | |
| | | RCipparone@Cipparonepa | | |
| For further | er information co | i:-mail address: (neerning this matter, please o | to be used for future annual report notifi all: | cation) |
| Ryan Cip | pparone. Esquire | | 321 275-5914 | |
| | Name of | Person | at ()Area Code Daytime | Telephone Number |
| Enclosed | is a check for the | e following amount: | | |
| ■ \$ 25.0 | 0 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

| RESCON ACQUISITIONS, LLC | | |
|--|--|-----------------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L18000009609 | were filed on 1/10/2018 | 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 Liabil | ity Company," the designation "LLC" of | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | | L A H |
| | | AHASSEF |
| | | 9 9 |
| Enter new mailing address, if applicable: | | |
| (Muiling address MAY BE A POST OFFICE BOX) | | 7: AN LORD |
| | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: | | enter the name of the new |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Floric | da |
| | 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

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> | Name | Address | Type of Action |
|--------------|-------------------|-------------------|----------------|
| AMBR | Gokul Padmanabhan | 1821 Verde Way | |
| | | Orlando, FL 32835 | ■ Remove |
| | | | Change |
| MGR | Bernice Cooks | 1821 Verde Way | ⊒ Add |
| | | Orlando, FL 32835 | Remove |
| | | | ☐ Change |
| | | | |
| | | | □ Remove |
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| Effecti | ve date, if other than the date of filing: (optional) | |
| If an effe | ctive date is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 | 05,0207 |
| docume | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be limit's effective date on the Department of State's records. | sted as |
| | | |
| he rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear | lier of |
| The | 90th day after the record is filed. | |
| | 3/5/2018 | |
| Dated _ | DocuSigned by: | |
| | | |
| | | |
| | Gokul Padmanalhan BFDB54500848277 Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00