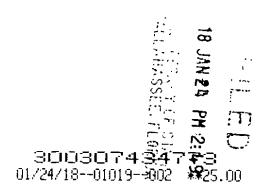
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Special Instructions to Filing Officer:			
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SECWETARY OF STATE

TALLIAHASSEE FLORIDA

JAN 25 2016

NSTRUCTIONS:

	P.O. Box 3700	236 East 6th Avenue. Tallahassee, Florida 32303 066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666		
	WALK IN PICK UP: 1/24/18			
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OLYMPUS 2018 ASSETS LLC			
(Name of the Lin	nited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Florida document number	Liability Comp	any were filed on JANUARY 15, 2018	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited l	iability company here:	
OLYMPUS ASSETS LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	<del> </del>
(Principal office address MUST BE A STRE	ET ADDRESS	Σ	
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE	E BOX)		<del></del> _
B. If amending the registered agent and registered agent and/or the new registered		office address on our records, enter	the name of The r
Name of New Registered Agent:	N/A		23.55 SSEE
New Registered Office Address:			<b>1</b>
		Enter Florida street address Florida	7.4.9 Raby
		City , Florida	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 = 1	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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effective date is listed, the e: If the date inserted	e date must be specific and in this block does not i	d cannot be prior to da meet the applicable	ate of filing or more the statutory filing rec	ian 90 days after filing.) juirements, this date i	Pursuant to 603.0207 will not be listed as
ument's effective date	on the Department of	State's records.	, ,	•	χ. <b>ω</b>
record specifies a he 90th day after			effective time	, at 12:01 a.m. o	on the earlier of
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	Signature of a	member or authorized	d representative of a	member	<u> </u>

Page 3 of 3

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