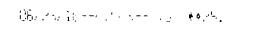
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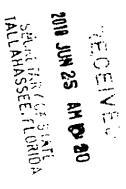
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COVER LETTER

TO: Registration Section Division of Corporation Corporation of Corporation Corporation (Corporation Corporation)			
SUBJECT: Wister	ia Family Hol	dings I, LLC	ii
SOBJECT:		ed Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
	Jerome L. W	olf, Esq.	
		Name of Person	
	Katz Baskies	& Wolf PLL	.C
		Firm/Company	
	3020 North N	Military Trail;	Suite 275
		Address	
	Boca Raton,	FL 33431	
		City/State and Zip Code	
	jerry.wolf@katzba	o be used for future annual re	port notification)
For further information cor	ncerning this matter, please ca		
Jerome L. V	Volf	_{at} 561 _, 91	0-5700 Daytime Telephone Number
Name of I	Person	Area Code	Daytime Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee. Certificate of Status &

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wisteria Family Holdings I, LLC	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number <u>L18000117007</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Wisteria Asset Management LLC		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation I.L.C."
Enter new principal offices address, if applicable:		Pie
(Principal office address MUST BE A STREET ADDI	RESS)	SS. B. C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		A CO
B. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent: New Registered Office Address:	stered office address on our records, dress here: Enter Florida street address	
	, Flo	rida Zip Code
	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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Remove
			Change
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(If an eff Note:	ive date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date without seffective date on the Department of State's records.	irsuant to 605.03 If not be listed	207 (3) as the
If the red (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the earlier	of:
Dated	June 18 2018		
	Signature of a member or authorized representative of a member		
	Jerome L. Wolf, Registered Agent		

Page 3 of 3

Filing Fee: \$25.00