Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number: 110432003053 : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EATRPB, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | -02 4 |
| Estimated Charge | \$25.00 |

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EATR | PB, LLC | |
|---|--|--|
| (Name of the Limited Liability Comp. (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number L19000136570 | were filed on May 28, 2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "ELC" or t | he abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: | | 7.5.5.0 7.5.5.0 7.5.5.0 7.5.5.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7 |
| (Mailing address MAY BE A POST OFFICE BOX) | | - 6 |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter the | name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florid | . |
| | City: | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent | <u>:</u> | |

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 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

| Title | Name | Address | Type of Action |
|------------|------------------------------|-------------------------------------|----------------|
| MGR | Florida Crystals Corporation | 1 N. Clematis Street, Suite 200 | □Add |
| | | West Palm Beach, FL 33401 | ■ Remove |
| | | | Change |
| MGR FCI Re | FCI Residential Corporation | 2199 Ponce De Leon Blvd., Suite 201 | ■Add |
| | | Coral Gables, FL 33431 | Remove |
| | | | []Change |
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| (If an effect Note: If | e date, if other than the date of fittive date is listed, the date must be specific if the date inserted in this block does not's effective date on the Department | e and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 not meet the applicable statutory filing requirements, this date will not be listed as th |
| the record to | | t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | October 5, | 2020 |
| Dated | | |
| Dated | | |
| Dated | Signature (| of a member or authorized representative of a member |
| Dated _ | Signature o | of a member or authorized representative of a member Armando A. Tabernilla, Vice President |

Filing Fee: \$25.00