Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Speet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DES-MATT, INC Account Number : 120180000078 Phone : (352)223-3911

Fax Number : (863)318-8218

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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN OLD PINE GROUP, LLC

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Corporate Filing Menu

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K. Brumble)

OLD PINE GROUP, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability (A Florida L | Company as it now appears on our records.) imited Liability Company) |
|---|--|
| The Articles of Organization for this Limited Liability Cor Florida document number L20000282973 | mpany were filed onand assigned |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limite | ed liability company bere: |
| N/A | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | N/A |
| Principal office address MUST BE A STREET ADDRE. | SS) |
| nter new mailing address, if applicable: | N/A |
| Mailing address MAY BE A POST OFFICE BOX) | |
| 3. If amending the registered agent and/or registered o gent and/or the new registered office address here: Name of New Registered Agent: N/A | ffice address on our records, enter the name of the new regist |
| New Registered Office Address: | Enter Florida street address |
| | Enter Florida street address |
| | City - Zip Code |
| ew Registered Agent's Signature, if changing Registered A | gent: |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------|--------------------------------|----------------|
| AMBR | DARLING, STEVEN J. | 419 NORTH WEST STREET STE 407 | DAdd |
| | | BUSHNELL, FL 33513 | BAdd |
| AMBR | JOSE, ACEVEDO | 1204 F 4 F T D D W W O D W W O | □ Change |
| | | 1204 EAST BEW YORK AVE | ■ Add |
| | | DELAND, FL 32724 | □Remove |
| | | | □Change |
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| ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block | | date of filing or more than 90 c c statutory filing requirema | _ (optional) lays after filing.) Pursuant to 605.0 ents, this date will not be lister |
| ument's effective date on the Depar | tment of State's records. | • | , and the same of |
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| cord specifies a delayed effective datefiled. | te, but not an effective time | at 12:01 a.m. on the earlie | er of: (b) The 90th day after t |
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| MARCH 31 | 2011 | | |
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| ed | , | d representative of a member | |

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