L10000110828

| (Re | equestor's Name) | | |
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| (Ad | dress) | | |
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| (Cit | ty/State/Zip/Phone | e #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | isiness Entity Nar | ne) | |
| (Document Number) | | | |
| Certified Copies | _ Certificates | s of Status | |
| Special Instructions to Filing Officer: | | | |
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DIVISION OF CONTINUES

K IO AH IO: LL

APR 11 2012 T. HAMPTON

COVER LETTER

| TO: | Registration S Division of Co | | | | |
|---------|--|--|--|---|---------------|
| ŚUBJI | FCT: | Di | ROP LLC | | |
| , | ·. · · · · · · · · · · · · · · · · · · | | ited Liability Company | | · · |
| The en | closed Articles o | f Amendment and fee(s) are sub | omitted for filing. | • | |
| Please | return all corresp | condence concerning this matter | r to the following: | | |
| | | | Caroline Saunders | | |
| | | | Name of Person | | |
| | | | DROP LLC | • | |
| | • | , | Firm/Company | | |
| | | 16 | 2012 4th Street N | | |
| | | <u> </u> | Address | | |
| | | Sair | ot Potorchura, El. 3270 | | |
| | | Jan | nt Petersburg, FL 3370 City/State and Zip Code | | |
| | | ca | roline@surforcity.com | • | |
| | | E-mail address: (| to be used for future annual repor | t notification) | |
| For fur | ther information | concerning this matter, please o | eall: | · · · · · · · · · · · · · · · · · · · | |
| | Car | oline Saunders | 707 4 (| 0 0000 | |
| | | of Person | | O · 8822 Daytime Telephone Number | |
| / | | • | | | |
| Enclose | ed is a check for | the following amount: | - 1 | | |
| \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is end | closed) Certified | e of Status & |
| | | | | | |
| | Regist Divisi P.O. E | LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314 | Registration of C Division of C Clifton Build | Corporations ing ve Center Circle | ; , |

ARTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

12 APR 10 AM 10: 44

| | ROP LLC | | | |
|--|--|-----------------------------|-------------------------|--|
| (<u>Name of the Limited Liability (</u> (A Florida Li | Company as it now appear mited Liability Company) | s on our records. | | |
| The Articles of Organization for this Limited Liability Co | mpany were filed on | 10/25/2010 | and assigned | |
| Florida document numberL10000110828 | <u>.</u> - | | | |
| This amendment is submitted to amend the following: | · | | | |
| A. If amending name, enter the new name of the limit | ed liability company her | e: | | |
| Surf | or City LLC | | | |
| The new name must be distinguishable and end with the word "L.L.C." | s-"Limited Liability Compa | ny," the designation "L | LC" or the abbreviation | |
| Enter new principal offices address, if applicable: | Same | | | |
| (Principal office address MUST BE A STREET ADDRE | ESS) | | | |
| | · | | | |
| Enter new mailing address, if applicable: | Same | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addre | | ur records, <u>enter tl</u> | ne name of the new | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | Y71 | | |
| | Enter Florida street address | | | |
| · · · · · · · · · · · · · · · · · · · | City | , Florida | 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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

| MGRM = Managing Member | | | | | |
|------------------------|---|--|---|--|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action | | |
| | | | Add Remove | | |
| | | | Add Remove | | |
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| | | | Add Remove | | |
| | | | Add Remove | | |
| | · · · · · · · · · · · · · · · · · · · | | Add Remove | | |
| D. If amen | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.) | | | |
| | | | SECRETAIN OF S DIVISION OF COLOR 12 APR 10 AM1 | | |
| Dated | March 10 , 20 | <u>012</u> | 44.10: 4.7 | | |
| | C | r or authorized representative of a member aroline Saunders for printed name of signee | · · · · · · | | |

Page 2 of 2

Filing Fee: \$25.00