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Division of Corporations

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ĠП \*\*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 3322 FLAGLER, LLC

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|---|----------|
| Certificate of Status                                       | 0        |
| Certified Copy  | 0        |
| Page Count  | 02       |
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MAR 25 2011

EXAMINER

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## COVER LETTER

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|                                   |   | COVERLETTER   |   |          |
|-----------------------------------|---|---|---|----------|
| TO: Registration S Division of Co |   |   |   |          |
| SUBJECT:                          | 3322  | Flagler, LLC  |   |          |
|                                   | Name of Lim                                   | ited Liability Company  |   |          |
| The enclosed Articles of          | f Amendment and fee(s) are sui                | emitted for filing.   |   |          |
| Please return all corresp         | condence concerning this matter               | to the following:   |   |          |
|                                   |   | Sue Weeg  |   |          |
|                                   |   | Name of Person  |   |          |
|                                   | Nason Yea                                     | ager Gerson White & Lioce, F                                      | PA  |          |
|                                   | · <del>-</del>                                | Firm/Company  | and a   |          |
|                                   | 1645 Palm                                     | Beach Lakes Blvd, Suite 12  | 00 ^^ ( -   | <b>.</b> |
|                                   |   | Address   | CRETAN<br>LAHASS  | <u> </u> |
|                                   | Mos   | st Palm Beach, FL 33401   |   |          |
|                                   | vves  | City/State and Zip Code   |   |          |
|                                   | •   | debbieapi@aol.com   |   |          |
|                                   | E-meil address: (                             | to be used for future annual report notifica                      | rtion) RA   |          |
| For further information           | concerning this matter, please                | eali:   | A   |          |
|                                   | Sue Weeg                                      | at (561) 5  | 15-2423   |          |
| Name                              | of Person                                     | Area Code & Daytime   | Telephone Number  |          |
| Enclosed is a check for           | the following amount:                         |   |   |          |
| \$25.00 Filing Fee                | \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |          |

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

(((H110000776873)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

|   | 3322 Flag                                  | gler, LLC                                |                             |  |  |
|---|--|--|-----------------------------|--|--|
| (Name of the Limit  | ed Liability Compa<br>(A Florida Limited I | ny as it now appea<br>liability Company) | rs on our records.)         |  |  |
| The Articles of Organization for this Limited                                     | Liability Company                          | were filed on                            | 02/18/2011                  | and assigned   |  |
| Florida document numberL110000  | 21414                                      |  |                             | MAR 24<br>CRETAR   |  |
| This amendment is submitted to amend the fo                                       | _  |  |                             | PE OF A  |  |
| A. If amending name, enter the new name   | of the limited liab                        | <u>ility company he</u>                  | <u>re</u> :                 | LENELS STATE |  |
| The new name must be distinguishable and end "L.L.C."                             | with the words "Limi                       | ted Liability Comp                       | any," the designation "I    | LLC" or the abbreviation   |  |
| Enter new principal offices address, if applicable:                               |  | 1645 Palm B                              | each Lakes Blvd.            | Suite 1200   |  |
| (Principal office address MUST BE A STRI  | West Palm Beach, FL 33401                  |  |                             |  |  |
| •   |  | <del></del>                              |                             |  |  |
| Enter new mailing address, if applicable:   |  | 1645 Palm Beach Lakes Blvd. Suite 1200   |                             |  |  |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | West Palm B                              | each, FL 33401              |  |  |
|   |  |  | ····                        |  |  |
| B. If amending the registered agent an registered agent and/or the new registered |  |  | our records, <u>enter t</u> | the name of the new  |  |
| Name of New Registered Agent:   | Alan I. Armo                               | our II                                   | ,                           |  |  |
| New Registered Office Address:  | 1645 Palm E                                | Beach Lakes B                            | lvd. Suite 1200             |  |  |
|   |  | En                                       | ter Florida street add      | ress   |  |
|   | West                                       | Palm Beach                               | , Florida                   | 33401  |  |
|   | · · · · · · · · · · · · · · · · · ·        | 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 pravided 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 company 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

| Title       | <u>Name</u>                         | Address   | Type of Action       |
|-------------|-------------------------------------|---|----------------------|
| MGRM        | Thomas E. Baggett                   | 465 Orrick Lane<br>Greeneville, TN 37743                        | Add<br>Remove        |
|             |                                     |   | Add Remove           |
|             |                                     |   | Add                  |
|             |                                     |   | Add                  |
|             |                                     |   | Add<br>Remove        |
|             |                                     |   | Add<br>Remove        |
| D. If amend | ing any other information, enter cl | hange(s) here: (Attach additional sheets, if necess             | ary)                 |
|             |                                     |   | 11 MAR 21  TALLAHASS |
| Dated       | March 23                            | 2014  | ARY OF STATE         |
|             |                                     | mber or nuthorized representative of a member Alan I. Armour II | ATE<br>RIDA          |
|             | <u>, 1,</u>                         | yped or printed name of signee  Page 2 of 2                     |                      |

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Filing Fee: \$25.00