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WAR O 2 2016 J. HARRIS

COVER LETTER

Division of Corporations				
SUBJECT: THE Larkin Group Sustainable Solutions LLC Name of Limited Liability Company				
Name of Elimited Clability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Owen Larkin				
Name of Person				
The Larkin Group Sustainable Golf, LCC Firm/Company				
777 S, Flagler Dr. Ste 800 Address				
West Palm Beal FC 33401 City/State and Zip Code Owen larkin@ the larking roup, com E-mail address: (to be used for future annual report notification)				
Owen larking the larking roup, com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Owen Lackin at (508) 400-0752 Name of Person Area Code Daytime Telephone Number				
Name of Ferson Aca code Dayante respirate Name				
Enclosed is a check for the following amount:				
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A YOUP Sustainable golf, inited Liability Company as it now appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 17, 2011 and assigned Florida document number L 11 000032670 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: group Sustainable Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) $\overline{\circ}$ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

or removed from our records: MGR = Manager AMBR = Authorized Member <u>Address</u> **Type of Action Title** Name 1 _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add Remove 6 F STATE ☐ Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

☐ Change

). If amending	g any other information, enter change(s) here: (Attach additional sheets, if ne	cessary.)
		.
		
		
<u></u>	<u> </u>	
(If an effective of Note: If the document's	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days affidate inserted in this block does not meet the applicable statutory filing requirements, the effective date on the Department of State's records.	his date will not be listed as the
f the record : b) The 90th	specifies a delayed effective date, but not an effective time, at 12:01 and after the record is filed.	a.m. on the earlier of:
Dated	2/18, 2016. On Sahi	TAL 3
_	Signature of a member or authorized representative of a member Own Larkin	CRETAL LABAS
<u></u>	Typed or printed name of signee	TO PH
	Page 3 of 3	STATIOR!

Filing Fee: \$25.00