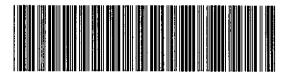
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### **COVER LETTER**

	AND DATE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
•			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Paul J. Bupivi		
	<del></del>		
	LAWRENCE & ASSOCIA	ATES	
1990 Main Street - Suite 750			
		-	
	Sarasota, Florida 34236	2018 SE TALI	
	glynisgleasoncordeiro@gm		SECRETARY OF ALLIAHASSEE.
	E-mail address: (	to be used for future annual report notif	m [7]
For further information	concerning this matter, please c	all:	
Paul J Bupivi		941 404-6360 at ( )	STATE STATE
Name	of Person		: Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
20.1	LING ADDRESS	GERRET/COLINI	PD 4 DDDECC

MAILING ADDRESS:

Registration Section y Division of Corporations

TO:

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 AMENDIA ENT TO ARTICLES OF ORGANIZATION OF

3371 ISLAND DATE, LLC

(Name of the Limi	ted Liability Compan (A Florida Limited L	y as it now appears on our lability Company)	records.)	
The Articles of Organization for this Limited L Florida document number 1.14000036108	iability Company v	were filed on		and assigned
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of N/A		_	ul I C athe obbess	Series vI I C "
The new name must be distinguishable and contain the		ty Company. the designation	n "LLC" of the abbrev	ation L.L.C.
Enter new principal offices address, if applie (Principal office address MUST BE A STREE				
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)		SECTION BO TALLAHASSEE.	T L E
B. If amending the registered agent and registered agent and/or the new registered of				name of the ne
Name of New Registered Agent:	Glynis Gleason-	Cordeiro		
New Registered Office Address:	5445 Ashton Ma			
<del></del>	C	Enter Florida street		
	Sarasota	City	, Florida	Zip Code
Now Desigtand Agent's Signature if shouging	Desintered Agents	Oil)	•	ip couc

#### 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

Page 1 of 3

# or removed from our records:

MGR = Manager · AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Glynis Gleason-Cordeiro	5445 Ashton Manor Drive	🖬 Add
		Sarasota, Florida 34233	Remove
			Change
MGR	Dorothy J. Moecker Trust	5445 Ashton Manor Drive	Add
		Sarasota, Florida 34233	■ Remove
		<del></del>	Change
			Add
			□ Remove
			2015 JUN 30 SECRETARY
			ARY OF SINTE
			Change
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			Remove
			☐ Change
			☐ Remove
			□ Change

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Dated			time, at 12:0	01 a.m	ı. on the	earlier of:
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Signature of a member or authorized representative of a member		To Stock				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00