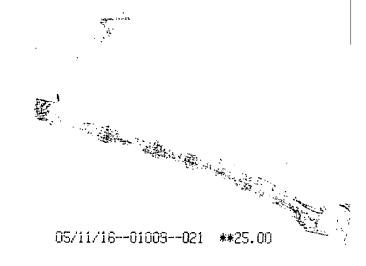
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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

MAY 12 2016 S. YOUNG

COVER LETTER

Division of Co			
	OPERTIES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Jennifer A. Cachon		
		Name of Person	
	Conroy, Conroy & Durant	, P.A.	·
		Firm/Company	15 ALL
	2219 Vanderbilt Beach Ro	oad, Suite 1201	16 MAY 11 PM 2: 1
		Address	= \$\setminus \text{SE}
	Naples, FL 34109		P
	jcachon@naplespropertylav	City/State and Zip Code	
	-	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please c	all:	
Jennifer A. Cachon		239 649-5200 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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)
MAII	INC ADDDESS.	STDEET/COUDIE	'D ADDDFSS,

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

RAJE PROPERTIES, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 10/22/2014	and assigned
Florida document number 47-2303672		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 99
(Principal office address MUST BE A STREET ADDRESS)		THE STATE OF THE S
		P
Enter new mailing address, if applicable:		PH PHO
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 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

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
MGR Robert E. Tau	Robert E. Taub	810 103RD AVENUE N	□ Add
		NAPLES, FL 34108	■ Remove
			Change
			Add
			Remove
			Dishange Add
			□ Remove To
			□ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			□ Change
			Add
			□ Remove
			☐ Change

D. If amending any other inform	nation, enter change(s) here: (Attach additional shee	ets, if necessary.)
•		
<u> </u>		5 SECR
		E PERSON
		- ing
		16 HAY 1 PH 2: 11
		· · · · · · · · · · · · · · · · · · ·
E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	he date of filing: nust be specific and cannot be prior to date of filing or more than 90 block does not meet the applicable statutory filing requires Department of State's records.	(optional) 0 days after filing.) Pursuant to 605.0207 (3)(b ments, this date will not be listed as the
If the record specifies a delay (b) The 90th day after the re	red effective date, but not an effective time, at ecord is filed.	12:01 a.m. on the earlier of:
Dated May 4	$\frac{1}{h_0}$, $\frac{2016}{1}$.	
Tat	Signature of a member or authorized representative of a mem	ber
Patricia M. Taub, Ma	nager	
	Typed or printed name of signce	

Page 3 of 3

Filing Fee: \$25.00