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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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SECRETARY OF STATE
TAIL AN ORDER

JAN 12 2016 S. YOUNG

COVER LETTER

TO:

| | Registration Se Division of Cor | | | • |
|--------------|------------------------------------|--|---|--|
| SUBJEC | BROADFO | OOT I REAL ESTATE HOLDI | NGS, LLC | |
| SUBJEC | -1. | Name of Lim | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please re | turn all correspo | ondence concerning this matter | to the following: | |
| | | SARA A. BROADFOOT | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 3574 SHARPES MEADO | W LANE | |
| | | | Address | 755 6 |
| | | FAIRFAX, VA 22030 | | 1990年11 |
| | | SARAKBT@YAHOO.CO | City/State and Zip Code M | notification) |
| | | E-mail address: (| to be used for future annual report | notification) |
| For furth | er information c | oncerning this matter, please c | all; | 22 |
| THERES | SA KNOWER | | 239 333-4910 at () | , |
| | Name o | f Person | | time Telephone Number |
| Enclosed | l is a check for th | ne 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) |
| | Registr Divisio P.O. Bo | ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314 | STREET/COL Registration Se Division of Cor Clifton Buildin 2661 Executive | porations ' |

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite | • | any as it now appears Liability Company) | on our records. | |
|--|-------------------------|---|-----------------------|---------------------------|
| The Articles of Organization for this Limited Lia Florida document number | ability Company | were filed on 04/2 | 4/2015 | and assigned |
| his amendment is submitted to amend the follo | wing: | | | |
| . If amending name, enter the new name of | the limited liab | oility company her | <u>e</u> : | |
| he new name must be distinguishable and contain the wo | ords "Limited Liabi | lity Company," the des | ignation "LLC" or | the abbreviation "L.L.C." |
| Inter new principal offices address, if applica | ıble: | 3574 SHARPES | MEADOW LAN | Ε . |
| Principal office address MUST BE A STREE | | FAIRFAX, VA 22 | 2030 | 整6 |
| | | | | 題差型 |
| Inter new mailing address, if applicable: | | 3574 SHARPES | MEADOW LAN | 题 二 后 |
| (Mailing address MAY BE A POST OFFICE BOX) | | FAIRFAX, VA 22 | 2030 | 三年 4 |
| | | | | 音形 23 |
| B. If amending the registered agent and/o egistered agent and/or the new registered off Name of New Registered Agent: | | <u>re</u> : | our records, <u>e</u> | nter the name of the |
| Nav. Basistanad Office Address | 4808 PELICAN | N BLVD. | | |
| New Registered Office Address: | Enter Florida street ad | | | |
| | CAPE CORAL | | . Florid | la <u>33914</u> |
| | | 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> | <u>Address</u> | Type of Action |
|--------------|--------------------------|---------------------------|--|
| MGRM | 1031 REVERSE EXCHANGE CO | 1520 ROYAL PALM SQ. BLVD. | |
| | | #320 | ■ Remove |
| | | FORT MYERS, FL 33919 | ☐ Change |
| MGRM | SARA A. BROADFOOT | 3574 SHARPES MEADOW LN. | □ Add |
| | | FAIRFAX, VA 22030 | □ Remove |
| | | | Change |
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| ctive date, if other than the date of filing: | (optional) |
| effective date is listed, the date must be specific and cannot be prior to date of filing or mo e: If the date inserted in this block does not meet the applicable statutory filing | |
| ument's effective date on the Department of State's records. | • |
| | |
| record specifies a delayed effective date, but not an effective ti ne 90th day after the record is filed. | me, at 12:01 a.m. on the earlie |
| NOVEMBER 22 , 2015 | |
| Mursh Mary | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00