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| PICK-UP WAIT MAIL |
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COVER LETTER

| TO: | | istration Section sion of Corpo | | |
|-----------|--------|------------------------------------|---|-----------------------------|
| SUBJE | CT. | lbis Trail at | Covington, LLC | |
| SUDJE | CI; | | Name of Limited Liability Compan | ny |
| | | | nendment and fee(s) are submitted for filing. ence concerning this matter to the following: | |
| | | | Vanesa Suarez-Solis | |
| | | | Name of Perso | On . |
| | | | The Astor Companies | |
| | | | Firm/Compan | у |
| | | | 2601 S Bayshore Drive, Suite 1800 |) |
| | | | Address | |
| | | | Miami, FL 33133 | |
| | | | City/State and Zip | Code |
| | | - | vanesa@astorcompanies.com E-mail address: (to be used for future a | nnual report notification) |
| For furtl | her in | formation cond | cerning this matter, please call: | |
| Vanes | sa S | uarez-Solis | 786 at (| 6232810 |
| | | Name of Po | erson Area Code | e Daytime Telephone Number |
| Enclose | d is a | check for the f | following amount: | |
| \$25 | .00 F | iling Fee | □ \$30.00 Filing Fee & □ \$55.00 Filing Certificate of Status □ \$dditional copy | ppy Certificate of Status & |

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 FIL ARTICLES OF ORGANIZATION HOW

FILED

ARTICLES OF ORGANIZATION NOV 25 PM 2: 38

Ibis Trail at Covington, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Li Florida document number L06000068288 | ability Company w | ere filed on <u>07/07/2</u> | 2006 | _ and assigned |
|---|--|---|---|--|
| Florida document number L00000000205 | · | | | |
| This amendment is submitted to amend the follo | owing: | | | |
| A. If amending name, enter the new name of | the limited liabili | ty company here: | | |
| The new name must be distinguishable and end with the | words "Limited Liabili | ty Company," the design | ation "LLC" or the abbi | reviation "L.L.C." |
| Enter new principal offices address, if applica | able: | | | <u>. </u> |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| | | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE) | BOX) | | | |
| B. If amending the registered agent and/registered agent and/or the new registered of | | ce address on our | records, enter th | |
| Name of New Registered Agent: | Henry Torres | ; | | |
| New Registered Office Address: | 2601 S Bays | hore Drive, Suite | 1800 | |
| New Negistered Office Address. | | Enter Florida str | eet address | |
| | Miami | | , Florida <u>331</u> : | 33 |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing I | Registered Agent: | | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this | er and complete p stered agent as pr registered office of change. | erformance of my d ovided fo <mark>r</mark> in Chapt | luties, and I am fan ter 60%, F.S. Or, if infirm that the limit | niliar with and this document is ted liability |

Page 1 of 3

| IGR = M MBR = A | Sanager Authorized Member | | |
|--------------------|---|-----------------------------------|----------------|
| <u>`itle</u> | <u>Name</u> | Address | Type of Action |
| MGR | Latine Pencertu | 2601 S Bayshore Drive, Suite 1800 | □ Add |
| | Hanagement, Inc. | Miami, FL 33133 | Remove |
| 1GR | Astoe Propeety Horagement Services, OC | 2601 S Bayshore Drive, Suite 1800 | = Add |
| | Services, GC 0 | Miami, FL 33133 | □ Remove |
| | | | □ Add |
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| | |
| (The effectiv | date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State) |
| Dated | Nov. 17, 2014 |
| | Duur I nue |
| | Signature of a member or authorized representative of a member |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

THE NOV 25 PM 2: 38