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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2015 SEP 16 PH 1: 48

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COVER LETTER * *

| Division of Cor | porations | | | | |
|--|--|---|---|--|--|
| SANIBEL | ARMS B3, LLC | | | | |
| SUBJECT: Name of Limited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| | ondence concerning this matter | <u>-</u> | | | |
| ricuse return un correspe | maner concerning this matter | to the following. | | | |
| | DAVID LOPEZ, ESQ | | | | |
| | | Name of Person | | | |
| | RODON LAW, PLLC | | | | |
| | | Firm/Company | | | |
| | 201 ALHAMBRA CIRCL | E, SUITE 504 | | | |
| | | Address | ······ | | |
| | CORAL GABLES, FL 33 | 134 | | | |
| | | City/State and Zip Code | | | |
| | DLOPEZ@SRALAW.COM | | | | |
| | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For further information of | concerning this matter, please ca | all: | | | |
| DAVID LOPEZ | | 305 445-8881 at () | | | |
| Name o | of Person | | Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | | | | | |

MAILING ADDRESS:

TO:

Registration Section

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

FILED
2015 SEP 16 PH 1: 49
SECRETARY OF STATE
CALLAMASSEE, FLORIDA

SANIBEL ARMS B3, LLC

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

| (11 1011au Dillinou L | sound company) | |
|---|--|----------------------|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L15000144562</u> . | were filed on AUGUST 24, 2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| | 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 | ANA MARIA D TRAVIESO | 104 BOABADILLA STREET | |
| | | CORAL GABLES, FL 33134 | ■ Remove |
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| Note: | tive date, if other than the date of filing: | t to 605.0207 (3)(be listed as the | ၁) |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed. | earlier of: | |
| Dated | September 10 1, 2015. | | |
| | Signature of a member or authorized representative of a member | _ | |
| | / | | |

Page 3 of 3

Filing Fee: \$25.00