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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR 0 9 2016 S. YOUNG McCullar & Company, LLC 2441 W US Highway 98, Ste 108 Santa Rosa Beach, Florida 32459

> Florida Dept of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

SECRETARY OF STATE TALLAHASSEE, FLORIDA



2441 W. U.S. Highway 98, Suite 108 Santa Rosa Beach, FL 32459 Phone: 850-622-0888

Fax: 850-622-5678

То:	Florida Department of State	From:	Olivia Wyles	
Fax:		Pages:	13, including cover	
Phone:		Date:	2/22/2016	
Re:		CC:		
Urg	ent ⊠Confiden	itial		
• Com	ments:			

Please find attached a name change amendment for our client.

Thank you,

Olivia Wyles owyles@mccullarcpa.com Ph: 850-622-0888

Fax: 850-622-5678

COVER LETTER

то:	Registration Se Division of Cor					
	Presidio De	evelopers, L.L.C.				
SUBJE	ЕСТ:					
		Name of Lim	ited Liability Company			
The end	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		Robert McCullar				
			Name of Person			
		McCullar & Company, LL0				
Firm/Company						
	2441 US Highway 98 W, Suite 108			(1) (1)		
			Address		- 3	ing (in
		Santa Rosa Beach, FL 324	59		CO.	gilligi Tunion
		RMcCullar@McCullarCPA	City/State and Zip Code		3 500	ALLA SECRE
		E-mail address: (I	to be used for future annual report notifi	ication)	知 い 1 い	AST T
For fur	ther information c	oncerning this matter, please ca	all:		8	357
Robert	McCullar		850 622-0888		PM 4:	F STA
	Name o	f Person	Area Code Daytime	Telephone Number	04:40	A DE
Enclose	ed is a check for th	he following amount:				
□ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	전 \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus &	

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

Presidio Developers, L.L.C.		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number	pany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Presidio Recovery Fund, LLC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LLC" or	the abbreviation "L.b.C."
Enter new principal offices address, if applicable:		전 12 H
(Principal office address MUST BE A STREET ADDRESS	5)	
		-m (*)
		15 SEC
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		8 S 8
	•	70 F
B. If amending the registered agent and/or registere	d office address on our records o	r- un
registered agent and/or the new registered office address		5 SA
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
 	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 **Title** Name **Address Type of Action** □ Add □ Remove ☐ Change _□ Add ☐ Remove ? ☐ Change □ Remove _□ Add **5** □ Remove ☐ Change ☐ Add ■ Remove ☐ Change

☐ Remove

_□ Change

samending any other information, enter change(s) here: (Attach additional sheets, if necess	•
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fective date, if other than the date of filing:(options	
Tective date, if other than the date of filing:	ng.) Pursuant to 605,0207 (3)(
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	ı. on the earlier of:
2016	
nted February 17 Than 2	
Signature of a member or authorized representative of a member	
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Page 3 of 3

Filing Fee: \$25.00