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SECRETARY OF STRIFT

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COVER LETTER

TO: Registration Se Division of Cor					
ADAMS V	VATERFRONT INVESTMENT				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspondence	ondence concerning this matter t	o the following:			
	Sophia A. Idrissi				
,		Name of Person			
	Culp Elliott & Carpenter, P.	LLC			
	Charlotte, NC 28278				
	City/State and Zip Code				
	sai@ceclaw.com				
	E-mail address: (to	be used for future annual report notifier			
For further information co	oncerning this matter, please cal	11:	ZOIS	77	
Sophia A. Idrissi		704 973-4046 at ()	Annual Control	·	
Name of	Person		elephone Number	Π	
Enclosed is a check for th	e following amount:		LORNI STATE CORNI	مب	
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Cortificate of Status & Certified Copy (additional copy is enclosed)		

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

ADAMS WATERFRONT INVESTMENTS, LLC	It was an an an an an analysis and a later than a later t
(Name of the Limited Liability Company as (A Florida Limited Liabili	ty Company)
The Articles of Organization for this Limited Liability Company were Florida document number L02000007781	filed on May 26, 2006 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability o	company here:
Waxhaw Premier Properties, LLC	
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	gen ja.
Principal office address MUST BE A STREET ADDRESS)	7 A C 21
	25 4 71
·	10 N 2 1
Enter new mailing address, if applicable:	M
Mailing address MAY BE A POST OFFICE BOX)	T O
	0.74
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the
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
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n effect	e date, if other than tive date is listed, the date	e must be specific a	nd cannot be prior to	date of filing or more	than 90 days aft	er filing.) Purs	uant to 605.02
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The 9	June	Signature of	a member or author		a member	NI N	
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