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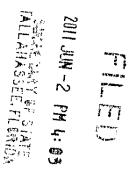
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COVER LETTER

TO:

Registration Section

Division of Cor	porations		
SUBJECT:		& ASSOCIATES, L.L.C.	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
		Kerry Anne Schultz	
		Name of Person	
	Fountair	n, Schultz & Associates, P.L.	
		Firm/Company	2
	2045 Fountain Professional Ct., Suite A		
	3.3.	Address	69.5 N
		Navarre, FL 32566	
		City/State and Zip Code	
	kaso	chultz@fountainlaw.com	
	E-mail address: (to be used for future annual report notification	on)
For further information of	oncerning this matter, please o	all:	
Kern	/ Anne Schultz	at (850) 93	9-3535
	f Person	Area Code & Daytime Te	 -
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Regish Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

REBOL-BA I (Name of the Limited Lia	TLE & ASSOCIATE pility Company as it now appride Limited Liability Company	S, L.L.C.	
			4
The Articles of Organization for this Limited Liabil	,	IVIAICI1 27, 2003	and assigned
Florida document number L03000001120	6		
This amendment is submitted to amend the following	g:	•	
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	npany," the designation 'L	LC's or the abbreviation
Enter new principal offices address, if applicable			Territoria
(Principal office address MUST BE A STREET A	DDRESS)		Carly N
	•		<u> </u>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO)			
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter tl</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_	City	, Florida	Zip Code
	~,		-1-

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> Address Name VP Mark Norris ✓ Add ☐ Remove 2301 N. 9th Avenue Suite 300 Pensacola, FL 32503 ☐ Add ☐ Remove DbA 🔲 Remove ☐ Add Remove Ādd Remove أيدا فتهز Add Removes D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2011 Dated Signature of a member or authorized representative of a member, Paul Battle

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00