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SECHETARY OF STATE
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COVER LETTER

| TO: | Registration Sec Division of Corp | | • | | |
|--------|--------------------------------------|--|-------------------------------|---|---|
| SUBJ | ECT:J | upiter | Waterways | | |
| | | | (Name of Limi | ted Liability Company) | |
| The en | nclosed Articles of A | Amendment | and fee(s) are sub | mitted for filing. | |
| Please | e return all correspor | idence conce | erning this matter | to the following: | |
| | | | Sandy Alba | | |
| | | | | (Name of Person) | |
| | | 7 | Allied Cap | oital and Developmen | t of South Florida |
| | | | | (Firm/Company) | 050 |
| | | 1 | 11770 US H | Mighway One, Suite 3 | O9 JAN 12 AN II- 10 SECRETARY OF STATE PLOPING |
| | | | | (Address) | |
| | | | | C | 93 |
| | | I | Palm Beach | Gardens, FL 33408 | |
| | | | | (City/State and Zip Code) | 51 |
| | | | | | 器。 |
| For fu | orther information co | ncerning thi | s matter, please c | all: | <u>፟</u> |
| Sa | andy Albane | se | | at (<u>561)</u> 799–0050 | <u>, </u> |
| | | f Person) | | (Area Code & Daytime | : Telephone Number) |
| Enclo | sed is a check for th | e following | amount: | | |
| \$2 | 25.00 Filing Fee | | Filing Fee & ficate of Status | □\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | Registra Divisio P.O. Bo | NG ADDRI ation Section of Corpora ox 6327 ssee, FL 323 | tions | STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323 | tions ter Circle |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | Boca Ra | (City) | , Florida _ | 33487 (Zip Code) | | |
|--|---------------------|-------------------------|--------------------------|---------------------------|-----------|--|
| | Dogo Do | • | r Florida street (| | • | |
| New Registered Office Address: | 7601A N | orth Federal | Highway, | Suite 165 | | |
| Name of New Registered Agent: | | M. Allison | | | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | | | r records, <u>ente</u> r | the name of the new | | |
| (Mailing address MAY BE A POST OFFICE B | <u>0X0</u> | New York, | NY 10006 | | 曼和 | |
| Enter new mailing address, if applicable: | | 111 Broadw | - 1 | rloor 7 | OF STA | |
| (Principal office address MUST BE A STREET. | <u>ADDKESS)</u> | | | 180 | 72 T2 | |
| Enter new principal offices address, if applicab | | 11770 US H | | | 09 JAH 12 | |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limi | ted Liability Company, | " the designation | "LLC" or the abbreviation | 09 | |
| A. If amending name, <u>enter the new name of th</u> | ne limited liab | ility company here: | | | | |
| This amendment is submitted to amend the follow | ing: | | | | | |
| Plorida document number | 21 | | | | | |
| The Articles of Organization for this Limited Liab | ility Company | were filed on | 11/04 | and assigned | | |
| • | orida Limited L | iability Company) | | | | |
| (AFI | <u>ипику соправ</u> | ry as it now appears of | n our records.) | | | |

sistened 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:

| | Name | Address | Type of Action |
|-------------|-------------------------------------|---|----------------|
| | | | Add Remove |
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| | ding any other information, enter c | hange(s) here: (Attach additional sheets, if necessar | y.) |
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Page 2 of 2

Filing Fee: \$25.00