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(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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SECRETARY OF STATE

5 e 2014

COVER LETTER

TO: Registration S Division of Co			
REM, L	LC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	condence concerning this matter t	o the following:	
	Keith Lampitt		
		Name of Person	
	REM, LLC		
		Firm/Company	
	PO Box 7250		
		Address	
	Fort Myers, FL 3391	9	
	keithlampitt@earthma	City/State and Zip Code ark.us	
	E-mail address: (t	to be used for future annual report notific	ation)
For further information	n concerning this matter, please ca	all:	
Keith Lampitt		239 415-6200	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate 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)

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

REM, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited L	ny as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited Li L04000071726 Florida document number	ability Company	were filed on	per 4, 2004	and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
	 _			11.63
The new name must be distinguishable and end with the	words "Limited Liab			
Enter new principal offices address, if applic	able:	8200 College P	arkway, Suite	101
Principal office address MUST BE A STREE	T ADDRESS)	Fort Myers, FL	33919	
				¥ =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	PO BOX 7250 Fort Myers, FL		NOV 1 L R
B. If amending the registered agent and registered agent and/or the new registered o	/or registered o ffice address her	ffice address on ou e:	ır records, <u>ente</u>	Show the name of the
Name of New Registered Agent:				
New Registered Office Address:	8200 Colle	ge Parkway, Suite	101	
new registered Office Address.		Enter Florida s	street address	
	Fort Myers		. Florida	33919
		City	, 1 101 Ma_	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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			Remove
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00