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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Solution of Co. | | | , · • |
|----------------------------------|---|---|--|
| SUBJECT: | Marie Henk Name of Lim | eL LLC ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | <u> </u> | Hen Kel Name of Person | |
| | | Firm/Company | |
| | 1390 | NE 127th Ln Address | |
| | | | ? |
| | <u>Mehe</u> E-mail address: (| City/State and Zip Code NKLL W 4Ch00. Cu to be used for future/annual report notif | om ication) |
| For further information of | concerning this matter, please c | | |
| Name o | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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

| Marie Her | rkel LLC | |
|---|---|---|
| (Name of the Limite | d Liability Company as it now appears on our reco A Florida Limited Liability Company) | rds.) |
| The Articles of Organization for this Limited Lia | ability Company were filed on 5/17/6 | and assigned |
| This amendment is submitted to amend the follow | wing: | |
| A. If amending name, enter the new name of | the limited liability company here: | |
| Snring Country Inves The new name must be distinguishable and end with the w | tments LLC | |
| The new name must be distinguishable and end with the w | ords "Limited Liability Company," the designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| | | S ~ ~ * |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE B | <u> </u> | ₽ ∄ •• |
| B. If amending the registered agent and/oregistered agent and/or the new registered off | | ds, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addr | ress |
| | | 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|---|------------------------|
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| | iding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | ve date, if other than the date of filing: |
| Dated _ | July 28 , 2014. |
| | |
| | marle are 1 cg |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member Marre E. Henkel Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

MAUG-1 PM 4:45
SECRETARY OF STATES