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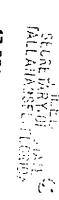
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer.
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Three Oaks Investment, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ginger Lew Name of Person
Three Oaks Investments, LCC
6049 Ashford Lane, # 204
Naples, FL 34110
City/State and Zip Code Glew Othree-Oaks IIc. Com JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (239) 592-7058 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$30.00 Filing Fee & 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

Three Oaks INVESTMENT	s, LC	
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>LP6000121048</u>	ny were filed on $DEC 21, 26$	<u>∯</u> and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	ability company here:	
The new name must be distinguishable and contain the words "Limited L.	ability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		SHURE P CALL AHA 17 DEC
Enter new mailing address, if applicable:		1 20 2
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the name of the new
registered agent and/or the new registered office address i	<u>cre</u> .	•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enier Fioriaa street adaress	
	, Florida	Zip Code
New Penistered Agent's Signature if changing Pegistered Age	,	zip Code

New Registered Agent's Signature, it 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 = Ma $AMBR = Au$	nnager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Ginger Lew	6049 Three Ashford Ln	Add
		#204	Remove
		Naples, FL 34110	Change
MGR	Carl L. Ehn	6049 Ashford Lane	Add
		#204	Remove
		Naples, FL 34110	Change
 			Add
			Remove
			☐ Change
			🗆 Add
			Remove
			Change
			_□ Add
			□ Remove
			Change
			🗆 Add
			_□ Remove
			_□ Change

	Note: only change to this filing
-	15 d new designation of Ginger Lew
	as MGRM. Thank you
	as MBRIN. Thank you
	<u> </u>
	7 00
	<u> </u>
	· · · · · · · · · · · · · · · · · · ·
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	e date, if other than the date of filing: <u>December 82017</u> (optional)
an effect <u>vote:</u> If	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
an effect lote: If ocument e recor	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
an effect Note: If locument e recor The 96	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
an effect Note: If locument e recor The 96	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at seffective date on the Department of State's records. In specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier oth day after the record is filed.
fan effect Note: If document ne recor The 96	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records. In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.

Page 3 of 3

Filing Fee: \$25.00