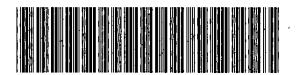
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SECRETARY OF STATE DIVISION OF CORPORATIONS

INN 30 SUN

COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: ZEPHYF | R - SIERRA, LLC | | | | | |
|---|---|--|---|--|--|--|
| (Name of Limited Liability Company) | | | | | | |
| | | • | | | | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | | | | | | |
| Please return all correspon | ndence concerning this matter | to the following: | | | | |
| | | | | | | |
| James R. Powell | | | | | | |
| (Name of Person) | | | | | | |
| | Powell - Link, L.L.C. | | | | | |
| (Firm/Company) | | | | | | |
| | 3352 Perimeter Rd. | | | | | |
| | | (Address) | | | | |
| | Palm City, FL 34990 | | | | | |
| | | (City/State and Zip Code) | | | | |
| | | | | | | |
| For further information co | oncerning this matter, please c | all: | | | | |
| James R. Powell | | at (772) 283-2292 | | | | |
| (Name of Person) | | (Area Code & Daytime T | elephone Number) | | | |
| | | | | | | |
| Enclosed is a check for the | e 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 | | STREET/COURIER Registration Section | | | | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Division of Corporation Clifton Building 2661 Executive Center | r Circle | | | |

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ZEPHYR - SIERRA, LLC | | 1 PI |
|--|--|--|
| (<u>Name of the Limited Lis</u> (A Fig | ability Company as it now appears on o orida Limited Liability Company) | ur records.) PH 1: 55 |
| The Articles of Organization for this Limited Liabi | lity Company were filed on 2/12/07 | and assigned |
| Florida document number L07000015685 | · | |
| This amendment is submitted to amend the followi | ng: | |
| A. If amending name, enter the new name of th | e limited liability company here: | |
| The new name must be distinguishable and end with th "L.L,C." | ne words "Limited Liability Company," th | ne designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicabl | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our re e address here: | ecords, <u>enter the name of the new</u> |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Finton F | lorida street address) |
| | (Lnter F | , |
| - | (City) | , Florida (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 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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---|---|---------------------------------------|
| MGR | Robert E. Powell | 19176 SE Old Trail Drive West Jupiter, FL 33478 | |
| MGR | Charles W. Link, Jr. | 3821 SW Ruark Street Port St. Lucie, FL 34953 | |
| MGR | Antonia P. Link | 3821 SW Ruark Street Port St. Lucie, FL 34953 | |
| MGR | Dianne K. Powell | 3352 Perimeter Rd. Palm City, FL 34990 | |
| | <u> </u> | | Add Remove |
| ·- | <u> </u> | | Add Remove |
| D. If an | | r change(s) here: (Attach additional sheets, if neces | |
| | The four added Managers bring the t | otal number of Managers to five including James R | . Powell. |
| | Any and all business transactions, in | cluding the transfer of real property, shall require th | <u>e</u> |
| | signature of three Managers providing | ng at least four of the Managers are alive and | |
| | competent. Only two Manager's sign | atures shall be required for all business transaction | <u>s,</u> |
| | including the transfer of real property | y, if fewer than four Managers are alive and compet | ent. |
| Dated Ju | $\left(\right)_{i}$ | 2008 member or authorized representative of a member | · · · · · · · · · · · · · · · · · · · |
| | James R. Powell | Typed or printed name of signee | |
| | | I YDGU OL DITIRGU HAIHE OL SIBIICE | |

Page 2 of 2

Filing Fee: \$25.00