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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROBERT D. ROYSTON, JR., P.A.

Account Number : I20150000047 Phone : (239)205-2225

Fax Number : (239)205-2016

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

CUBEFARY OF STATE

Email Address: ____rroyston@rroystonlaw.com

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From: Rob Royston

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number L07000114419	npany were filed on 11/13/2007	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	12140 Carissa Commerce Court, Suite	e 102 🚈 😤
(Principal office address MUST BE A STREET ADDRE	SS) Fort Myers, FL 33966	19 2
		- 20 ω ω
Enter new mailing address, if applicable:		13.7338 8.40.58 8.40.58
(Mailing address MAY BE A POST OFFICE BOX)		
(Maning dudiess MAT DE ATOST OF THE EDITY		āu o
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: Robert E.	office address on our records, enter the na	ame of the new register
12140 C	arissa Commerce Court, Suite 102	
New Registered Office Address:	Enter Florida street address	
Fort My	ers, Florida	33966

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 Degistered Agent, Signature of New Registered Agent

__ Change

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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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□Remove
			Change
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Robert D. Royston, Jr.

From: Rob Royston

Fax: (850) 617-6383

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(If an el Note:	ive date, if other than the date of filing:	ig., i thistiant to o	05.0207 (3) sted as the
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day af	ler the
If the reco record is f	ied.		

Typed or printed name of signee