| · (Re                                   | questor's Name)  |             |  |  |
|---|------------------|-------------|--|--|
|   |                  |             |  |  |
| (Ad                                     | dress)           |             |  |  |
| (Ad                                     | dress)           |             |  |  |
| (Cit                                    | y/State/Zip/Phon | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT           | MAIL        |  |  |
| (Business Entity Name)                  |                  |             |  |  |
| (Document Number)                       |                  |             |  |  |
| Certified Copies                        | _ Certificate:   | s of Status |  |  |
| Special Instructions to Filing Officer: |                  |             |  |  |
|   |                  |             |  |  |
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SECRETARY OF STATE
SECRETARY OF STATE

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## **COVER LETTER**

| TO: Registration Division of | n Section<br>Corporations                     |   |  |
|------------------------------|---|---|--|
| SUBJECT: Ft. M               | yers-Cape Cost Plus Cons                      | struction LLC   |  |
| •                            | (Name of Lim                                  | ited Liability Company)   |  |
| The enclosed Article         | s of Amendment and fee(s) are sub             | omitted for filing.   | •  |
| Please return all corre      | espondence concerning this matter             | to the following:   |  |
|                              | Stephen W. Haywoo                             |   |  |
|                              |   | (Name of Person)  |  |
|                              |   | (Firm/Company)  |  |
|                              | P O Box 101526                                |   |  |
|                              | ,   | (Address)   | San File   |
|                              | Cape Coral, FI 339                            | (City/State and Zip Code)   | FILED  PALLAHASSEE FLORING  RECRETAGN OF STATE  SECRETAGN OF STATE  SECRETAGN OF FLORING   |
| For further information      | on concerning this matter, please o           | call:   | OF THE PARTY OF TH |
| B J Funk                     | ame of Person)                                | at (239 ) 945-1949<br>(Area Code & Daytime 1                      | Telambone Number)  |
| (140                         | and of Lorsony                                | (Mon Code & Dayanne   | receptione (value)   |
| Enclosed is a check f        | for the following amount:                     |   |  |
| <b>√</b> \$25.00 Filing Fee  | \$30.00 Filing Fee &<br>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

| Ft. Myers - Cape Cost Plus Co  | onstruction LLC   |                          |
|--|---|--------------------------|
| ( <u>Name of the Limited Li</u><br>(A Flo  | ability Company as it now appears on our record<br>orida Limited Liability Company) | <u>s.</u> )              |
| · ·  |   |                          |
| The Articles of Organization for this Limited Liabi  | ility Company were filed on 03/25/08  | and assigned             |
| Florida document number <u>L08000030641</u>  | ·   |                          |
| This amendment is submitted to amend the followi   | ing:  | 08                       |
| A. If amending name, enter the new name of th  | e limited liability company here:   | OB AN 15                 |
| Cost - Plus Construction LLC   |   | (3/41)                   |
| The new name must be distinguishable and end with the "L.L.C."                               |   | 64 · 5                   |
| B. If amending the registered agent and/or registered agent and/or the new registered office |   | iter the name of the new |
|  |   |                          |
| Name of New Registered Agent:  |   |                          |
| New Registered Office Address:   |   |                          |
|  | (Enter Florida street address) , 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 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 Changing Registered Agent, Signature of New Registered Agent)

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              |  |
|  | <del></del>                             |  | Add Remove                  |  |
|  |   |  | Add Remove                  |  |
|  | ·                                       |  | Add Remove                  |  |
| <del></del>                            | <del></del>                             |  | Add<br>Remo <b>y</b>        |  |
|  |   |  | Add Remogo Hay 15 Am 11: 42 |  |
| ************************************** | <del></del>                             |  | Addord Remove               |  |
| D. If amen                             | ding any other information, enter chang | ge(s) here: (Attach additional sheets, if necessary.                             | )                           |  |
|  |   |  |                             |  |
| _                                      |   |  |                             |  |
| Dated                                  |   |  |                             |  |
|  | Signature of a member Stephen (         | or or authorized representative of a member  What wood or printed name of signee |                             |  |

Page 2 of 2

Filing Fee: \$25.00