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Special Instructions to	Filing Officer:	_
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Office Use Only



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## **COVER LETTER**

Registration Section

Division of Co	rporations		
SUBJECT:	N9	98918,LLC	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are su	-	
Please return all correspond	ondence concerning this matte	r to the following:	
	·	James M. Baker	
		Name of Person	
		N98918,LLC	
		Firm/Company	
		51 Sawyer Dr.	3EC 28.1
		Address	
	C	Cudjoe Key, FL 33042	ZWI OCI 25 AM D SECUMETARY OF ST
		City/State and Zip Code	
	jbak	er@keyswiderealty.com to be used for future annual report notifica	20 JS
For further information of	concerning this matter, please	•	10 K
Ja	ames Baker	at ( 305 ) 9:	23-8783
Name o	of Person	Area Code & Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
✓ S25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIES Registration Section Division of Corporati Clifton Building 2661 Executive Cente	ions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	N98918,LLC			
(Name of the Limited Liabili (A Florida	ty Company as it now appear	rs on our records.)		
(A Fibrida	Limited Liability Company)			
The Articles of Organization for this Limited Liability	Company were filed on	11-10-2008	and assigned	d
Florida document numberL08000104463				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company her	<b>Ē</b> :		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	ny," the designation "l	LLC" or the abbre	viation
Enter new principal offices address, if applicable:				77
(Principal office address MUST BE A STREET ADD	PRESS)		3	
	<del></del>			T
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		) A	W 63	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		our records, enter 1	the name of the	e new
Name of Nov. Pagistared Agent.				
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·			
New Registered Office Address:	En	ter Florida street ada	lress	<del></del>
		, 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 Title **Name** Address **Type of Action** MGR Raymond Bailey 12581 Walden Run **✓** Add Fort Myers FL 33913 Remove ☐ Add Remove _□ Add Remove ∏Add Remove 33 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 20 2011 Dated_ Signature of a member or authorized representative of a member James M. Baker Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00