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K. SALY SEP 28 2017

COVER LETTER

TO: F	Registration Sec Division of Corp	ction porations		
CUD IEC		70 Manasota Key, LLC		
SUBJEC	l:	Name of Lim	ited Liability Company	
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspor	ndence concerning this matter	to the following:	
		Reed Fischbach		
			Name of Person	
			Firm/Company	
		510 Vonderburg Drive, Su	ite 302	
			Address	
		Brandon, Florida 33511		
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code	
		management@hfoinvestmen		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	r information co	neerning this matter, please ca	all:	
Reed Fisc	hbach		813 662-1558 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	e following amount:		
\$25.0	0 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 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



KMDG - 7470 Manasota Key, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability	y Company were filed on 6/24/2009	and assigned
Florida document number L09000062293	·	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
H5 - 7470 Manasota Key, LLC		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	a Zip Code
	·	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent:	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete performance of my duties, and I d agent as provided for in Chapter 605, F.S. tered office address, I hereby confirm that th	am familiar with and Or, if this document is

or removed from our records: FILEL MGR = Manager AMBR = Authorized Member **Address** Name **Type of Action** Title □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _ 🗆 Add ☐ Remove ____ □ Change □ Add □ Remove _____ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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F ffect	ive date, if other than the date of filing:(optional)
(If an ef	fective 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 605.0207 (
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as thent's effective date on the Department of State's records.
docum	tent's effective date of the Department of State's records,
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	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
, ,,,,	y died. the record is filed.
Datud	September 21 2017
	
Dated	. / / /

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Typed or printed name of signee

Filing Fee: \$25.00