P.01/04

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To:

Division of Corporations

Fax Number

: (850)617-6360

From:

Account Name

: BURGESS, HARRELL, MANCUSO, OLSON & COLTON, P.A

Account Number : IR0000000104

: (941)366-3700

Phone Fax Number

: (941)356-0189

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

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## COR AMND/RESTATE/CORRECT OR O/D RESIGN JWM INVESTMENTS REALTY, LLC

JAN 3 0 2016

| Certificate of Status | 0       |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| JWM INVESTMENTS REALTY, LLC  (Name of the Limited Liability Compa) (A Plorida Limited L | by as it now appears on our records.)  |   |
|---|--|---|
| •   |  | and assigned                            |
| The Articles of Organization for this Limited Liability Company                         | were filed on                          | at tr sasificat                         |
| Florida document number L09000107173  |  |   |
| This amendment is submitted to amend the following:                                     |  | to                                      |
| A. If amending name, enter the new name of the limited liab                             | ility company bere:                    |   |
| IWM INVESTMENTS AND LEASING, LLC  |  | , (5)                                   |
| The new name must be distinguishable and commin the words "Limited Liabi                | lity Company," the designation "LLC" o | or the abbreviation "L.L.C."            |
| Enter new principal offices address, if applicable:                                     |  | ======================================= |
| (Principal office address MUST BE A STREET ADDRESS)                                     |  | ٠ <del>٠٠</del> ين                      |
|   |  |   |
|   |  | <b>V</b> '                              |
| Enter new mailing address, if applicable:   |  |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |  |   |
|   |  |   |
| B. If amending the registered agent and/or registered o                                 | ffice address on our records.          | enter the name of the new               |
| registered agent and/or the new registered office address her                           | E:                                     |   |
|   |  |   |
| Name of New Registered Agent:   |  | ····                                    |
| New Registered Office Address:  |  |   |
|   | Enter Florido sirvat address           |   |
|   | , Flor                                 |   |
|   | 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 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 Registered Agent, Signature of New Registered Agent

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 = Manager AMBR = Authorized Member |          |         |                |  |
|--|----------|---------|----------------|--|
| Title                                  | Name     | Address | Type of Action |  |
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|  |          |         | Remove         |  |
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|  |          |         | ☐ Change       |  |

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| If amending               | any other inf     | ormation, enter change(s) here: (Attach additional shee  | ets. if necessary.)                   |              |
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|                           |                   | han the date of filing.  date must be specific and cannot be prior to date of filing or more than date must be specific and cannot be prior to date of filing or more than | n 90 days after filling.) Pursuant to | 605.0207 (3) |
| Note: Ifth                | e date inserted i | in this block does not muct the applicable statutory filing requirent the Department of State's records.   | irements, tois date will not be       | ISTEN B3 DIC |
| Hoemijen                  | 3 EHIOCHTO GOAL   | <b>0.1 2.3</b> 2.3 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4.4 4   |                                       |              |
| f the record<br>b) The 90 | d specifies a c   | delayed effective date, but not an effective time, the record is filed.  | at 12:01 a.m. on the ea               | irfler of:   |
|                           |                   | 2018   |                                       |              |
| Dated                     | mary so           | 1  |                                       |              |
|                           | Down              | al I Harrel  |                                       |              |
|                           |                   | Signature of a member or authorized representative of a n  | oember                                | -            |
|                           | Donald J. Harr    | V  |                                       |              |
|                           | TONGIA 4. LINI    | Typed or printed name of signed  |                                       | _            |

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