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| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE

T. CLINE
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EXAMINER

COVER LETTER

| TO: | Registration S Division of Co | | | | | |
|--|----------------------------------|--|---|---------------------------------------|--|--|
| SUBJECT: Land Investment Services, LLC | | | | | | |
| 50201 | - | | | | | |
| The en | closed Articles of | Amendment and fee(s) are su | omitted for filing. | • | | |
| Please | return all corresp | ondence concerning this matte | to the following: | • | | |
| | | | Amie Connolly Name of Person | | | |
| | | | | | | |
| Land Investment Services, LLC | | | | | | |
| Firm/Company | | | | | | |
| 21430 Palm Beach Blvd. | | | | | | |
| | | | Address | | | |
| | Alva, FL 33920 | | | | | |
| | City/State and Zip Code | | | | | |
| | | E-mail address: (| iebc@lisenginering.us | 2011 HAY 23 SECRETAR) ALLAHASSI | | |
| For furt | ther information of | concerning this matter, please of | • | (11) | | |
| | Δr | nie Connolly | at (239) 693-9244 | AH V: II OF STATE E. FLORID | | |
| | | of Person | Area Code & Daytime Telephone Number | ATE ORIDA | | |
| Enclose | ed is a check for t | he following amount: | | | | |
| □ \$2 5. | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee Certified Copy (additional copy is enclosed) Cadditional copy is enclosed) Certified Copy (additional | Status & | | |
| | Registi Divisio P.O. B | ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

| Lar (Nama of the Unite | id Investment Services, | LLC | | | | |
|---|--|-------------------------------|---------------------------------|--|--|--|
| (Name of the Limite | d Liability Company as it now ap A Florida Limited Liability Compan | y) | | | | |
| The Articles of Organization for this Limited Florida document numberL1000000 | • • • | January 4, 2010 | and assigned | | | |
| This amendment is submitted to amend the fo | llowing: | | | | | |
| A. If amending name, enter the new name | of the limited liability company | <u>here</u> : | | | | |
| The new name must be distinguishable and end w "L.L.C." | · | npany," the designation "I | LC" or the abbreviation | | | |
| Enter new principal offices address, if appli | cable: | | | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | <u>₹, 2</u> | | | |
| | | | II KAY 2. ECRETAR LLAHASS | | | |
| | | | | | | |
| Enter new mailing address, if applicable: | | • | AR SS | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | m M | | | |
| | | | 77 | | | |
| | | | OR TA | | | |
| B. If amending the registered agent and registered agent and/or the new registered of | | n our records, <u>enter t</u> | | | | |
| Name of New Registered Agent: | Amie B. Connolly | | | | | |
| New Registered Office Address: | 21430 Palm Beach Bivd. | | | | | |
| | Enter Florida street address | | | | | |
| | Alva | . Florida | 33920 | | | |
| | 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> | <u>Address</u> | Type of Action |
|----------------|---|---|---------------------|
| <u>VP</u> | Roland Abouchacra | 4864 Brenda Drive Orlando, FL 32812 | Add ✓ Remove |
| <u>VP</u> | Donald J. Di Bernardo | 1721 Tanager Drive Orlando, FL 32803 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove RE |
| | | | MAY 23 |
| D. If amending | g any other information, enter change(s | i) here: (Attach additional sheets, if necessary.) | OF STATE |
| | | | - |
| Dated M | 44 19 th 201 | <u>L</u> . | _ |
| _ _ | CLARK A. ST | authorized representative of a member TILWE LL printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00