L10000018021

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T. HAMPTON EXAMINER

COVER LETTER

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|--|-----------------------------|---|------------------|---|-----------------------------------|--|--|--|
| SUBJECT: _ | C | BULF WINDS REAL ESTATE GROUP, LLC Name of Limited Liability Company | | | | | | |
| | | Natile of Emi | incu Blabiny | zompatty | | | | |
| The enclosed A | articles of Ar | nendment and fee(s) are su | bmitted for fili | ng. | | | | |
| Please return al | l correspond | ence concerning this matte | r to the follow | ing: | | | | |
| | | N. | MCHAEL D | . TIDWELL | | | | |
| | | | | Person | | | | |
| | MICHAEL D. TIDWELL, ESQUIRE | | | | | | | |
| Firm/Company | | | | | | | | |
| | 811 NORTH SPRING STREET | | | | | | | |
| | | Address | | | | | | |
| | | PENSACOLA, FLORIDA 32501 | | | | | | |
| | | | City/State an | | . ' | · | | |
| | | MST.LOUIS | @EMERAL | DCOASTTITL | E.COM | <u>.</u> | | |
| | .* | | • | iture annuai report no | ouncation) | | | |
| For further into | rmation cond | cerning this matter, please of | call: | | | | | |
| | | D. TIDWELL | at ({ | | 434-3 | | | |
| | Name of Pe | erson | | Area Code & Day | time Telepho | one Number | | |
| Enclosed is a ch | neck for the f | ollowing amount: | | | | | | |
| S25,00 Filin | g Fee [| ∑\$30.00 Filing Fee & Certificate of Status | Certifi | Filing Fee & ed Copy onal copy is enclos | | \$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/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL | ction corations Center Circ | | | |

ARTICLES OF AMENDMENT FILED TO SECRETARY OF STATE DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION OF 11 APR -1 AM 10: 55

GULF WINDS REAL ESTATE GROUP, 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 C | ompany were filed on FEBF | RUARY 17,2010 and assigned | | |
|--|---------------------------------|---|--|--|
| Florida document number L10000018021 | | | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limi | ted liability company here: | | | |
| Gulf Real | Estate Group, LLC | | | |
| The new name must be distinguishable and end with the wor "L.L.C." | ds "Limited Liability Company," | the designation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | . | | | |
| (Principal office address MUST BE A STREET ADDR | ESS) | | | |
| | | vanid shifted a constraint of the same of | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr | | records, enter the name of the new | | |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | | | | |
| | City | Zip Code | | |
| N. D. Lee J. A. Clark and A. D. Lee | | , | | |

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Ma MGRM = N | onager Managing Member | | |
|----------------------|-------------------------------|---|--|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | - | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ding any other information, e | enter change(s) here: (Attach additional sheets, if necessary.) | SECRETARY OF DIVISION OF CORP |
| Dated | MARCH 29 | | ILEU RY OF STATE CORPORATIONS I AN IO: 55 |
| | Startature | of a member or authorized representative of a member MICHAEL D. TIDWELL Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00