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Division of Corporations

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Account Number : I20150000128 Phone : (239)210-5088 1 (239)300-9941 Fax Number

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(((H16000312299 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA SUN BEACH PROPER	• • • • • • • • • • • • • • • • • • • •			
(NAME OF ISE LAME)	(A Florida Limited	tay as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited L	iability Company	were filed on 03/12/2010	and assigned	
Florida document number L10000027612	·	•		
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liab	oility company here:		
The new name must be distinguishable and contain the	manufa 987 Lauféaud V fafe	Stee Commany " the designation "T I C" or the	alabasedation #1.1.C.T	
the new statute mast be destriked statute after occusion are a	MOSOR INININGS THEFT	• • •		
Enter new principal offices address, if appli		3447 Pine Ridge Road, Suite 101		
(Principal office address MUST BE A STRE)	ST ADDRESS	Naples, FL 34109	Tr.	
		······································	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3447 Pine Ridge Road, Suite 101	毫	
		Naples, FL 34109	<u> </u>	
			cn ()	
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	ffice address he		r the name of the n	
	New Registered Office Address: 3447 Pine Ridge Road, Suite 101 Enter Florida street address			
New Registered Office Address:				
New Registered Office Address:		Enter Florida street address		
New Registered Office Address:	Naples	Enter Florida strees address , Florida	34109	

if Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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.

(((H16000312299 3)))

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	<u>Name</u>	Address	Type of Action
MGR	INGEBORG BARTHELMESS	1342 COLONIAL BLVD STE D25	
		FORT MYERS, FL 33907	⊒ Remove
			Change
MOR	WERNER SCHMITZ	1342 COLONIAL BLVD STE D25	
		FORT MYERS, FL 33907	≅ Ramove
			Change_
MOR	HANNELORE SCHMITZ	1342 COLONIAL BLVD STE D25	
		FORT MYERS, FL 33907	₽ Remove ≤
			□ Change [7]
MOR	Sebastian Nye-Schmitz	3447 Pine Ridge Road, Suite 101	
		Naples, FL 34109	□ Remove
			Change
			CI Add
			C Remove
			Change
			C Add
·			Remove
		<u></u>	Change

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(((H16000312299 3))) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
		•	
		P. C.	aitz
	021		
	AM 10: 53		
E. Effective date, if other than the date of filing:	6207 C	`^ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as the) }	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie (b) The 90th day after the record is filed.	er of:		
Dated Tuesday, December 20 2016			
Signature of a roember or authorized representative of a member			1117
Sebastian Nye-Schmitz Typed or printed asme of signee			

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Filing Fee: \$25.00

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