

Division of Corporations

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L11000028834

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : JOHN M WICKER PA
Account Number : I20070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

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TALLAHASSEE, FLORIDA

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TROPICAL ISLAND RENOVATIONS,"LLC"**

Certificate of Status	0
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J. SAULSBERRY
EXAMINER

APR 13 2011

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Corporate Filing Menu

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**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

TROPICAL ISLAND RENOVATIONS, "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 Company were filed on MARCH 8, 2011 and assigned
 Florida document number L11000028834.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TROPICAL ISLAND RENOVATIONS, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JOHN M. WICKER, ESQ.

New Registered Office Address:

12670 NEW BRITTANY BLVD, STE 101

Enter Florida street address

FORT MYERS

Florida

33907

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

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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

Title	Name	Address	Type of Action
MGR	JOHN P. KUSTRA, JR.		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHN P. KUSTRA, JR.	17207 PLANTATION DR FORT MYERS 33967	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated APRIL 11 2011

Signature of a member or authorized representative of a member

JOHN M. WICKER, ESQ.

Typed or printed name of signee

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