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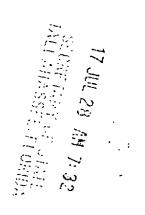
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## COVER LETTER

	Division					
SUBJEC		807 POINCIANA LLC				
SUBJEC	,I;		Name of Limi	ited Liability Compa	my	
The encle	osed Artic	cles of Ai	nendment and fec(s) are sub-	mitted for filing.		
				_		
Please re	turn all co	orrespond	ence concerning this matter	to the following:		
			Leslie R. Koch			
				Name of Pers	son	
			807 POINCIANA LLC			
Firm/Com					ny	
			PO Box 542307			
				Address		
			Merritt Island, FL 32954-2	307		
			E-mail address: (t	to be used for future	annual report notifi	cation)
For furth	er inform	ation con	cerning this matter, please ca	all:		
David C	Koch			321 at (	258-5503	
		Name of P	erson	Area Coo	de Daytime	Telephone Number
Enclosed	l is a chec	k for the	following amount:			
\$25.0	00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Contact (additional contact)		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:			REET/COURIE			
			on Section of Corporations		gist <b>r</b> ation Section visi <b>o</b> n of Corpora	
		P.O. Box			vision of Corpora ifton Building	TOUS
	•	Tallahass	ee, FL 32314	26	61 Executive Cen	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

807 POINCIANA 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 and assigned Florida document number L11000061598 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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: Leslie R. Koch Name of New Registered Agent: 635 Sommers Hammock Lane New Registered Office Address: Enter Florida street address Merritt Island City 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

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Address Type of Action** <u>Title</u> **Name** 635 Sommers Hammock Lane Vernon R. Koch, Trustee MGRM \_□ Add Merritt Island, FL 32953 **■** Remove \_□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Remove

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Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date	the date must be specific ared in this block does not	nd cannot be prior to meet the applicab	date of tiling or more le statutory filing re	(option 190 days after quirements, this	filing.) Pursuant to 60	)5.0207 ( sted as t
the record specifies a ) The 90th day afte	a delayed effective or the record is filed	date, but not a	an effective tim	e, at 12:01 a	.m. on the earl	lier of:
Dated July 7	1. 0.	. 2017				
	// de les		zed representative of	a member	<del></del>	
	Signature of	a member of addion				
Leslie R. Ko		a member or addiorr				

Page 3 of 3

Filing Fee: \$25.00