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| (Requestor's Name) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | |
|---|---|
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) |
| (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Address) |
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| (Document Number) Certified Copies Certificates of Status | PICK-UP WAIT MAIL |
| Certified Copies Certificates of Status | (Business Entity Name) |
| | (Document Number) |
| Special Instructions to Filing Officer: | Certified Copies Certificates of Status |
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

__ PLAIN STAMPED COPY

___ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: March 20, 2019 ORDER TIME : 1:13 PM ORDER NO. : 691960-010 CUSTOMER NO: 7103152 DOMESTIC AMENDMENT FILING NAME: 2590 NORTHBROOKE, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY

EXAMINER'S INITIALS:

TO ARTICLES OF ORGANIZATION OF

| 2590 Northbrooke, LLC | | | |
|--|--|-----------------------------------|-----------------------|
| (Name of the Lim | ited Liability Company as it now (A Florida Limited Liability Con | apany) | |
| The Articles of Organization for this Limited I Florida document number 1.11000086539 | Liability Company were filed | on July 28, 2011 | and assigned |
| his amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name | of the limited liability comp | <u>any here</u> : | |
| he new name must be distinguishable and contain the | words "Limited Liability Company | "the designation "El.C" or the ab | obres lation "L.L.C." |
| inter new principal offices address, if appli | cable: | - | |
| Principal office address MUST BE A STRE | <u>ET ADDRESS)</u> | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and registered agent and/or the new registered of | 1/or registered office addr | ess on our records, <u>enter</u> | |
| Name of New Registered Agent: | David R. Goduti | | 1 HAR 20 |
| New Registered Office Address: | 9115 Galleria Court. Ste. B | 05 | 三年 1 |
| | Er | ater Florida street aiktress | CONF. 1: 39 |
| | Naples | , Florida <u>34</u> | 109 전투 6 |
| | Cirv | | 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 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.

If Changing Registered Agent, Signature of New Registered Agent

· or removed from our records:

MGR = Manager AMBR = Anthorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---------------------------|----------------|
| MGR | Family Asset Managers, LLC | 23-23 Vanderbilt Beach Rd | |
| | | Suite 624 | |
| | | | ■ Remove |
| | | Naples, FL 34109 | Change |
| MGR | Blueprint Asset Management, LLC | 9115 Galleria Court | \B Add |
| | | Suite 105 | ☐ Remove |
| | | Naples, F1, 34109 | |
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| Effective date, if other than the date of filing: |
| working a series of the series |
| the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed. |
| Dated |
| Dated |
| 1/2//-11/ |
| Senature of a member or authorized representative of a member |
| / - |
| David R. Goduti, Authorized Representative |
| Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00