L11000090897

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12 JUL 31 AMII: 03 SECRETARY OF STATE MIT AHASSEE FLORIDA

C. LEWIS

AUG -1 2012

EXAMINER

COVER LETTER

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TO:	Registration S Division of Co			or all agreements				
SHRI	FCT:	Bavshore I-	75 Associates, LLC					
SUDJ	Name of Limited Liability Company							
		of Amendment and fee(s) are sub condence concerning this matter	-					
			David Higgins Name of Person					
			David Higgins, PA Firm/Company					
		394	49 Evans Ave, Suite 302					
		Fort Myers, FL 33901						
		Davio	City/State and Zip Code d@DavidHigginsPA.com to be used for future annual report not	ification)				
For fu	rther information	concerning this matter, please of	·	,				
David Higgins Name of Person			at (239) 936-1040 Area Code & Daytime Telephone Number					
	sed is a check for 5.00 Filing Fee	the following amount: \$\int_\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	\$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		stration Section ion of Corporations Box 6327	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 12 JUL 31 AMII: 03

Baysi (Name of the Limited I (A F	nore 1-75 As Jability Compan Plorida Limited L	ssociates, LL v as it now appear ability Company)	C TALLAS	TARY OF STATE						
The Articles of Organization for this Limited Liability Company were filed onAugust 8, 2011 and assigned Florida document numberL11000090897										
This amendment is submitted to amend the follow	ving:									
A. If amending name, enter the new name of t	<u>he limited liabi</u>	lity company her	<u>·e</u> :							
The new name must be distinguishable and end with "L.L.C."	the words "Limit	ed Liability Compa	any," the designation "L	LC" or the abbreviation						
Enter new principal offices address, if applicable:		3949 Evans Ave, Suite 302								
(Principal office address MUST BE A STREET	ADDRESS)	Fort Myers, F								
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u>)									
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, enter t	he name of the new						
Name of New Registered Agent:	David Higgins									
New Registered Office Address:	3949 Evans Ave, Suite 302									
	Enter Florida street address									
		ort Myers	, Florida	33901						
		City		Zip Code						
New Registered Agent's Signature, if changing Re	gistered 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, Ste

Page 1 of 2

David Higgins

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 <u>Name</u> <u>Address</u> Type of Action **MGRM** David Higgins 1214 Canterbury Drive ✓ Add Fort Myers, FL 33901-8761 Remove MGRM John V. Hugill 242 Staable Gate Drive Campobello, SC 29322-8037 MGR Karl Lippek 12984 Beacon Cove Lane ☐ Add Fort Myers, FL 33919 Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 26 Dated _ Signature of a member or authorized representative of a member David Higgins Typed or printed name of signee

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Filing Fee: \$25.00