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| (Re | equestor's Name) | |
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| (Cit | ry/State/Zip/Phone | e #) |
| <u></u> | WAIT | _ |
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MAY - 2 2013

T. HAMPTON



CT Corporation

515 East Park Avenue Tallahassee, FL 32301 850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

May 1, 2013

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re: Order #: 8750516 SO

Customer Reference 1: 3997.487

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

Dominium Florida Management Services, LLC (FL) Amendment Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Kenny Metayer Fulfillment Specialist - Contractor kenny.metayer@wolterskluwer.com

COVER LETTER

| | gistration Sec vision of Corp | | | |
|----------------|----------------------------------|---|--|---|
| SUBJECT: | | Florida Management Servi | ces, LLC | |
| Sobuet. | | Name of Limi | ted Liability Company | |
| | | amendment and fee(s) are sub | - | |
| | , | John Stern, Esq. | | |
| | | - Angle-State | Name of Person | |
| | | Dominium Florida Manag | gement Services, LLC | |
| | | | Firm/Company | |
| | | 225 South Sixth Street, S | Suite 3500 | |
| | | | Address | |
| | | Minneapolis, MN 55402 | | |
| | | | City/State and Zip Code | |
| | | tsteffen@Dominiuminc.co | om o be used for future annual report notification | |
| For further in | iformation coi | ncerning this matter, please ca | · | on) |
| John Stern, | Esq. | | 612 604-6400 | |
| | Name of I | Person | at () Area Code & Daytime Tel | lephone Number |
| Enclosed is a | check for the | following amount: | | |
| □ \$25.00 Fil | ling Fee | □\$30.00 Filing Fee & Certificate of Status | ■\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □\$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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAY - 1 AM 9: 37

Dominium Florida Management Services, LLC
(Name of the Limited Liability Company as it now appears on our rec

| (A F) | orida Limited Liability Company) | s on our recorus.) | 7 |
|---|--|---|---|
| The Articles of Organization for this Limited Liab Florida document number L1100010506 | ility Company were filed on | 09/13/2011 | and assigned |
| Florida document number E-11000100000 | · · · · · · · · · · · · · · · · · · · | | |
| This amendment is submitted to amend the follow | ing: | | |
| A. If amending name, enter the new name of the | e limited liability company here | 2: | |
| The new name must be distinguishable and end with the "L.L.C." | he words "Limited Liability Compar | ny," the designation "LI | C" or the abbreviation |
| Enter new principal offices address, if applicable | le: | | |
| (Principal office address MUST BE A STREET A | | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | <u> </u> | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on ou e address here: | ur records, <u>enter th</u> | e name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| - Indiana Chief Francisco. | Ente | er Florida street addre | ?SS |
| | | , Florida | |
| - | City | | Zip Code |
| New Registered Agent's Signature, if changing Regi | istered Agent: | | |
| I hereby accept the appointment as registered at the provisions of all statutes relative to the prop accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this char | er and complete performance o ed agent as provided for in Cha istered office address, I hereby o | f my duties, and I an apter 608, F.S. Or, if | n familiar with and this document is |
| | If Changing Registered Agent | t, Signature of New Regi | stered Agent |

Page 1 of 3

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 | <u>Name</u> | Address | Type of Action |
|--|-------------------|-------------------------------------|---|
| MGR | David L. Brierton | 2905 Northwest Boulevard, Suite 150 | Add |
| ······································ | | Plymouth, MN 55441 | Remove |
| MGR | Jack W. Safar | 2905 Northwest Boulevard, Suite 150 | Add |
| | | Plymouth, MN 55441 | Remove |
| | | | Add Remove |
| | | | Add SECRETA DIVISEON OF A 13 MAY - |
| | | | RY OF STATE CORPORATIONS AH &: 37 Remove |
| | | | Add |
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| | | |
| ated Apr | il 29 2013 | |
| aled 11 p | , De la companya della companya della companya de la companya della companya dell | |
| | Signature of a member or authorized representative of a member | |
| | Paul R. Sween, Co-Chief Manager | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

13 MAY -1 AM 9: 37