L11000116956

| (Re | equestor's Name) | |
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| Division of Cor | | | |
|----------------------------------|--|---|---|
| Out East Pr | operties, LLC | | |
| SUBJECT. | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondence | Daniel Lavender | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 301 W. Platt Street | | |
| | | Address | |
| | Tampa, Florida 33606 | | |
| | | City/State and Zip Code | |
| | fladunkin@aol.com E-mail address: (| to be used for future annual report notifi | ication) |
| For further information of | concerning this matter, please co | • | 70 70 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| Andrew Hoek, Esq. | | 813 251-2701 | 72777 |
| Name o | of Person | Area Code Daytime | Telephone Number 17 |
| Enclosed is a check for t | he following amount: | | |
| \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Section Status & 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

Out East Properties, 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 10/11/2011 and assigned Florida document number L11000116956 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 "L.L.C." 301 W. Platt Street Enter new principal offices address, if applicable: Tampa, Florida 33606 (Principal office address MUST BE A STREET ADDRESS) 301 W. Platt Street Enter new mailing address, if applicable: Tampa, Florida 33606 (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: Daniel Lavender Name of New Registered Agent: 301 W. Platt Street New Registered Office Address: Enter Florida street address Tampa 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 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

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

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|-----------------------|------------------|----------------------|--|
| MGMR Daniel Lavender | Daniel Lavender | 301 W. Platt Street | ☐ Add |
| | | Tampa, Florida 33606 | □ Remove |
| | | | _ ☐ Change |
| MGMR Barbara Lavender | Barbara Lavender | 301 W. Platt Street | Add |
| | | Tampa, FLorida 33606 | □ Remove |
| | | | Change |
| | | | □ Add |
| | | | Remove |
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| #1 #III | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Effec | tive date, if other than the date of filing: (optional), |
| If an e | fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a |
| docur | nent's effective date on the Department of State's records. |
| | |
| he re | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier |
| The | e 90th day after the record is filed. |
| | - C / 1 C |
| Dated | □ <u>················</u> · |
| | |
| | Signature of a member of authorized representative of a member |
| | |
| | Daniel Lavender Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00