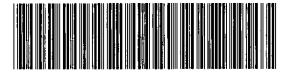
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C	ORPORATI ACCESS,	When you need ACCESS to the world
	INC.	236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
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SPECIAL INSTRUCTIONS:

(CORPORATE NAME AND DOCUMENT #)

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COVER LETTER

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SUBJECT:	LB Model	Investments, LLC		
SUBJECT:		Name of Lin	nited Liability Company	·····
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Lisa Van Dien		
			Name of Person	
		London Bay Homes		
		1741	Firm/Company	
		2210 Vanderbilt Beach Ro	d., Suite 1300	
			Address	
		Naples, FL 34109		
			City/State and Zip Code	
		lisavandien@londonbay.co	m to be used for future annual report notifi	cation)
For further in	nformation co	oncerning this matter, please c	·	
Lisa Van Di			239 449-1511 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
\$25.00 F	iling 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

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

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2015 SEP 24 AM	8: 5 <u>5</u>

LB Model Investments, 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 January 25, 2012 and assigned Florida document number _L12000011660 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LB Port Royal, LLC 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

MGR = N AMBR = A	Manager Authorized Member		FILED
<u>Title</u>	<u>Name</u>	Address	2015 SEP 24 AM 8: 5 Type of Action SECRETARY OF STATE TALLAHASSEF FLORIDA Add
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(If an effect Note: If	e date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	Springs, 2015.
	Signature of a member or authorized representative of a member
	Typedor printed name of signee

Page 3 of 3

Filing Fee: \$25.00