## #1.12000022613

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



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SECKE LARY OF STATE
ALL ALLASSEE FLORIDA

K. SALY EXAMINER JUL 2 2 2013

## COVER LETTER

| SURFECT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ESO KANNE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | ENU POINT IC                             |                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------|
| SUBJECT.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name of Limit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | led Liability Company                    | ober-Palano ,           |
| The enclosed Articles of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | of Amendment and fee(s) are sub                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | mitted for filing.                       |                         |
| Please return all corres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | pondence concerning this matter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | to the following:                        |                         |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                         |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ORI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | TAL                                      |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name of Person                           |                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | KENNEDY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | POINT HOLDING                            | 65, LLC                 |
| :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 150 Coco                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | a Isle Islub #                           |                         |
| Ų.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Address                                  |                         |
| :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <u>Com</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | BEACH, FL 320<br>City/State and Zin Code | 731                     |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Division of Corporations  UBJECT: ESO KENNEDY POINT, LLC  Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing.  ease return all correspondence concerning this matter to the following:  ORI TAL  Name of Person  KENNEDY POINT HOLDINGS, LLC  Firm/Company  15D Cocca ISLE BLVD # Zo Z  Address  Caca BEACH, FL 32931  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  ORI TAL  at (321) 783-5252  Area Code & Daytime Telephone Number  Area Code & Daytime Telephone Number  (\$25.00 Filing Fee Certificate of Status & Certified Copy  Cadditional copy is enclosed)  Certified Copy |                                          |                         |
| Division of Corporations  SUBJECT: ESO KENNEDY POINT, LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  ORI TAL  Name of Person  KENNEDY POINT HOLDINGS, LLC  Firm Company  ISO Cocoa ISLE BLD # Zo Z  Address  Cocoa ISLE BLD # Zo Z  Address  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  ORI TAL  None of Person  Area Code & Daytime Telephone Number  Enclosed is a check for the following amount:  X \$25.00 Filling Fee  Certificate of Status  (additional copy is enclosed)  Certified Copy  (additional copy is enclosed) | ion)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                         |
| For further information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | concerning this matter, please co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | all:                                     |                         |
| ORIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | FAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                         |
| Nem:<br>!                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | of Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Area Code & Daytime To                   | elephone Number         |
| Enclosed is a check for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | the following amount:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                         |
| \$25.00 Filing Fed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Certified Copy                           | Certificate of Status & |

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
Fallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

| , ·                                                        | J. <b>C.</b>                                         | <b>,</b>                             |                    | - F11                    |
|------------------------------------------------------------|------------------------------------------------------|--------------------------------------|--------------------|--------------------------|
| ARTIC                                                      | CLES OF O                                            | RGANIZATIO                           | V                  | 13 JIN (ED               |
|                                                            | OI                                                   | 7                                    | ي خ                | 19 pu                    |
| 1                                                          |                                                      |                                      | TA                 | 13 JUL 19 PM 3: 2        |
| ESO K                                                      | ENNEDY                                               | POINT, LLC<br>y as it now appears of | ·                  | LLAHASSEE, FLORIDE.      |
| (Name of the Limited )                                     | L <mark>iability Compan</mark><br>Florida Limited Li | v as it now appears or               | our records.)      |                          |
| ·                                                          |                                                      |                                      | i 1                | ~~                       |
| The Articles of Organization for this Limited Lia          | ability Company                                      | were filed on2                       | 2/16/12            | and assigned             |
| Florida document number L12 0000 2                         |                                                      |                                      |                    |                          |
| ,                                                          | ·                                                    |                                      |                    |                          |
| This amendment is submitted to amend the follo             | wing:                                                |                                      |                    |                          |
| This amendment is should to amend the fono                 | wing.                                                |                                      |                    |                          |
| A. If amending name, enter the new name of                 | <u>the limited liabi</u>                             | lity company here:                   |                    |                          |
|                                                            |                                                      |                                      |                    |                          |
| The new name must be distinguishable and end with "L.L.C." | the words 'Limit                                     | ed Liability Company,'               | 'the designation ' | LLC" or the abbreviation |
| L.L.C.                                                     |                                                      |                                      |                    | _                        |
| Enter new principal offices address, if applica            | ble:                                                 | 150 Co(or 1                          | sus Bhid           | Str 202                  |
| (Principal office address MUST BE A STREET                 | ( ADDRESS)                                           | Colca Bea                            | on FL 3            | 32931                    |
|                                                            |                                                      | _                                    |                    |                          |
| 3                                                          |                                                      |                                      |                    |                          |
| Enter new mailing address, if applicable:                  |                                                      | 150 Calon                            | ISUS R             | olva STE ZOZ             |
| (Mailing address MAY BE A POST OFFICE B                    | 20VI                                                 |                                      |                    | 32931                    |
| Mutung unaress MAT BEATOST OFFICE B                        | 102/                                                 | COCOR BE                             | acri pe            | 20131                    |
|                                                            |                                                      |                                      |                    |                          |
| B. If amending the registered agent and/o                  | r redictered off                                     | ice address on our                   | records enter      | the name of the new      |
| registered agent and/or the new registered off             |                                                      |                                      | records, enter     | THE DAME OF THE HEAV     |
|                                                            |                                                      |                                      |                    |                          |
| Name of New Registered Agent:                              | 50 PA                                                | COPERTY MAN                          | VAGEMENT           | LLC                      |
|                                                            | 100                                                  | 1015                                 | 72/00 =            | サウ- 2                    |
| New Registered Office Address:                             | _150 C                                               | BCOA ISCE                            | Florida street ad  | # 202                    |
|                                                            | C                                                    | ) Enter I                            | rioriau sireei aa  | dress 32931 Zip Code     |
|                                                            | COLOA 12                                             | 3578-CH                              | , Florida _        | 32931                    |
| ,                                                          |                                                      | City                                 |                    | 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 cil 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, Sanature of New Registered Agent

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Mana<br>MGRM = Ma | ager i<br>anaging Member       |                                            |                |
|-------------------------|--------------------------------|--------------------------------------------|----------------|
| <u>Title</u>            | <u>Name</u>                    | Address                                    | Type of Action |
| MGR                     | ESO Equity Goup, LC            | 815 N ATLANTIC AVE                         |                |
|                         | ļ                              | COCOA POEACH, FL 32                        | 931 Remove     |
| MGRIM                   | KENNEDY POINT<br>HOLDINGS, LLC | 150 Cocoa Isle Blus                        | STE Add        |
|                         | HOLDINGS, LLC                  | COCOA PSEACY, FL 3293                      | Remove         |
|                         | ;                              | Name - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | ••••           |
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| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar | v.)           |
|----------------------------------------------------------------------------------------------------|---------------|
|                                                                                                    |               |
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|                                                                                                    |               |
| Dated $07/5/20/3$ , $1$                                                                            |               |
|                                                                                                    |               |
| Signature of a member or authorized representative of a member                                     |               |
|                                                                                                    | •             |
| Typed or printed name of signee                                                                    |               |
| Page 3 of 3                                                                                        |               |

Filing Fee: \$25.00