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SUBJE	CI:		1	Name of Limit	ted Liability C	ompany		
The enci	losed Arti	cles of An	nendment and fe	e(s) are subn	nitted for filir	ıg.		
Please re	eturn all c	orrespond	ence concerning	this matter t	o the following	ng:		
			MARIE B. CO	DE, ESQ.				
					Name of	Person		-
			MARIE B. CO	DE, ESQ., P	P.L.			
			·		Firm/Co	ompany		
			1308 SW 27TH	1 TERRACE	3			
					Addı	ress		•
			CAPE CORAL	ر, FLORIDA	33914			
					City/State an	d Zip Code	- <u>.</u>	-
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For furth	ner inform	iation con	cerning this matt	er, piease ca	111:			
MARIE B. CODE, ESQ.				23 at (9 829.()	0063		
		Name of P	erson		Are	a Code	Daytime Teleph	none Number
Enclosed	d is a che	ck for the	following amoun	nt:				
\$25.	.00 Filing	Fee	\$30.00 Filing Certificate		Certific	Filing Fee & ed Copy		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
,		Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314			Registratio Division of Clifton Bui	COURIER AL n Section Corporations Ilding utive Center Ci	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited Liability Company	were filed on MARCH 30, 2012	and assigned			
Florida document number L12000044446					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne abbreviation "L.L.C."			
Inter new principal offices address, if applicable:	1308 SW 27TH TERRACE				
Principal office address MUST BE A STREET ADDRESS)	CAPE CORAL, FLORIDA 33914	27 C) esports			
		23			
		TTC 12			
inter new mailing address, if applicable:	1308 SW 27TH TERRACE	를 수 있는			
Mailing address MAY BE A POST OFFICE BOX)	CAPE CORAL, FLORIDA 33914	- - Δ			
3. If amending the registered agent and/or registered of		ter the name of the			
egistered agent and/or the new registered office address here	E :				
Name of New Desistered Assets					
Name of New Registered Agent:					
New Registered Office Address:	Fran Florida dos dallos				

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

Zip Code

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>	<u>Name</u>	Address	Type of Action
MGRM	NCR PROPERTY GROUP TRUST	1202 SE 8TH PLACE	
	1	SUITE B	■ Remove
		CAPE CORAL, FLORIDA 33990	☐ Change
AMBR	NCR PROPERTY GROUP TRUST	1308 SW 27TH TERRACE	■ Add
		CAPE CORAL, FLORIDA 33914	□ Remove
			☐ Change
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	, if other than the e is listed, the date mu te inserted in this b ective date on the I	lock does not n	neet the applica	to date of filing or ruble statutory filin	onore than 90 days ang requirements,	ptional) ther filing.) Pr this date wil	ll not be liste	d as
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