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COVER LETTER

Division of Cor	Division of Corporations					
SUBJECT:	689 13	th Ave.S, LLC				
	Name of Limi	ted Liability Company				
•		•				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
*		Ü				
		Wanda Quillinan	•			
		Name of Person	•			
	Do	ouglas A. Wood, P.A.				
Firm/Company						
		•				
	1100 Fif	th Avenue South, Suite 101				
		Address				
		Naples, FL 34102				
•	City/State and Zip Code					
	wandaq@dougwoodlaw.com					
•	E-mail address: (t	o be used for future annual report notifica	tion)			
For further information ed	oncerning this matter, please ca	ali:				
War	nda Quillinan	at (239) 26	63-7740			
Name of	`Person	Area Code & Daytime 7	clephone Number			
Enclosed is a check for th	e following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

· TO:

Registration Section

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

689 13th	Ave.S, LLC _			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appead Liability Company)	rs on our records.)	••	
The Articles of Organization for this Limited Liability Compar	ny were filed on	May 5, 2012	and ass	igned
Florida document numberL12000059508				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lis	ability company he	<u>re</u> ;	•	
Salem Homes	s on 13th, LLC			
The new name must be distinguishable and end with the words "Li. "L.L.C."	mited Liability Comp	any," the designation "l	LLC" or the a	bbreviation
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 registered agent and/or the new registered office address h		our records, enter	me pame o	the new
registered agont and/or the new registered office address in	<u> </u>		LAE!	
News a CN and Designated Amend			NA TAI	ACCUPANT OF THE PARTY OF THE PA
Name of New Registered Agent:				
New Registered Office Address:				11
	Eı	nter Florida street add	SS	U [*]
		, Florida		
	· 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 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 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 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 Name Address Type of Action Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Glenn O. Thornhill, Managing Member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00