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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|--|--|--|----------------------------|-----------------------|--|
| CUBIECT. | Estuary | Latitude, LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | lla | ana Brunelle, Paralegal | | | |
| | | Name of Person | | | |
| Redgrave & Rosenthal LLP | | | | | |
| | Firm/Company | | | | |
| | 120 East Palmetto Park Road, Suite 400 | | | | |
| Address | | 201 | | | |
| Boca Raton, Florida 33432 | | 2014 NOV | | | |
| City/State and Zip Code | | | 1, 3° | CHARLES THE | |
| | | le@redgraveandrosenthal.c | | SEE S | 777 |
| | E-mail address: (| to be used for future annual report notifi- | cation) | PR S | Entered. |
| For further information c | oncerning this matter, please c | all: | | 2: 2 STAT LORIF | A STATE OF THE PARTY OF THE PAR |
| Jennifer E. Zakin, | Esq. | 561 347-1700 | | | |
| Name o | f Person | Area Code Daytime | Telephone Number | | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & | □ \$55.00 Filing Fee & | □ \$60.00 Fili: | no Fee | |
| 325.00 Filing Fee | Certificate of Status | Certified Copy (additional copy is enclosed) | Certificate Certified (| e 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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | EstuaryLatit | | | |
|---|---|---|-------------------|----------|
| (Name of the Limit | ed Liability Compa (A Florida Limited | ny as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited L. Florida document number L12000117987 | | were filed on September 14, 20 | 12 and as | ssigned |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name o | f the limited liab | ility company here: | | |
| | | | | |
| The new name must be distinguishable and end with the | words "Limited Liab | oility Company," the designation "LLC" or the | ne abbreviation ' | L.L.C." |
| Enter new principal offices address, if applicable: | | 120 East Palmetto Park Road | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | Suite 400 | S | 2 |
| | | Boca Raton, Florida 33432 | - 1 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | 120 East Palmetto Park Roa | ad SS C | N -3 P |
| | | Boca Raton, Florida 33432 | | <u>ن</u> |
| B. If amending the registered agent and/ registered agent and/or the new registered of | | | 5.5 | 27 |
| Name of New Registered Agent: | Arthur R. Redgrave, Esq. | | | |
| New Registered Office Address: | New Registered Office Address: 120 East Palmetto Park Road, Suite 400 Enter Florida street address | | | |
| | | | | |
| | Boca Rator | 1, Florida | 33432 | |
| | | City | Zip Code | |
| New Registered Agent's Signature, if changing F | 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

Page 1 of 3

| If amendin | g the Managers or Authorized Mem Member being added or removed f | ber on our records, <u>enter the title, in the condestate our records</u> : | name, and address of each Manager or |
|---------------------|---|---|--------------------------------------|
| MGR = N AMBR = A | Annager Authorized Member | | |
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| | | | Add |
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| D. If a | mending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please update address for Ruth Cecile Katz, Manager, as follows: | |
|---------|---|-------|
| • | 120 East Palmetto Park Road, Suite 400 | |
| | Boca Raton, Florida 33432 | |
| | | |
| (The c | ective date, if other than the date of filing: (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State) | |
| Date | ed October 23 P.D., 2014 | |
| | Roce Coice Xox 10/ | 23/14 |
| | Signature of a member or authorized representative of a member | - |
| | Ruth Cecile Katz, Manager | |
| | Typed or printed name of signee | |

Page 3 of 3

Filing Fee: \$25.00

FILE L.)
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