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COVER LETTER

TO:

Registration Section
Division of Corporations

SANIBEL CAPTIVA REALTY GOUP 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:

SAMANTHA M. HOWES

Name of Person

SAMANTHA M. HOWES, CPA, P.A.

Firm/Company

13440 PARKER COMMONS BLVD SUITE 103

Address

FORT MYERS, FLORIDA 33912

City/State and Zip Code

SAMANTHA@HOWESCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMANTHA M. HOWES

239 225-1587

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing 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 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 SECRETARY OF STATE
ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

13 MAR 14 AM 10: 57

SANIBEL CAPTIVA REALTY GOUP LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

A. If amending name, enter the new name of the limited lial	bility company here:	
SANIBEL CAPTIVA REALTY GROUP LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	2341 PALM RIDGE ROA	D
(Principal office address MUST BE A STREET ADDRESS)	SANIBEL, FLORIDA 339	57
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
!		
registered agent and/or the new registered office address her	_	nter the name of the new
registered agent and/or the new registered office address her	_	
<u> </u>	re:	et 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 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, Signature of New Registered Agent

MGR = Manager

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

MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	<u> </u>		Add	
			Remove	
			Kemove	
		<u> </u>	Add	
			Remove	
			Add	
			Add DIVING REGION OF ARRIVAN OF A	
			Adig 설	
			OF CORPOSIATE AMANTION REMOVE	
			Kemeve	
			Add	
			Remove	
			Add	
			Remove	

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	
Dated	
	Brad Fear Much 4: 2013
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member BRAD J. LEAR
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

13 MAR 14 AM 10: 57