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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

| TO: Registration & Division of Co | | | |
|--------------------------------------|---------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| BROAL | POINT REALTY GRO | OUP LLC | |
| SUBJECT: | Name of Limi | ited Lizbility Company | |
| The enclosed Articles o | f Amendment and fee(s) are sul | omitted for filing. | |
| | ondence concerning this matter | • | |
| | Jill N. Colthorp | | • |
| | | Name of Person | |
| | Kuiper Orlebeke PC | | |
| | | Firm/Company | |
| | 180 Monroe Avenue | NW, Suite 400 | 5 |
| | | Address | 2013 |
| | Grand Rapids, MI 4 | 9503 | 2013 FEB |
| | | City/State and Zip Code | 22 |
| | É-mail address: (1 | o be used for future annual report notification | |
| For further information | concerning this matter, please c | all: | S≥ ± (1) |
| Jill N. Colthorp | | 616 454-3700 | 02 |
| N але | of Person | Area Code & Daytime Tel | ephone Number |
| Enclosed is a check for | the following amount: | | |
| □ \$25.00 Filing Fee | O\$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) |
| Regist | ING ADDRESS: ration Section | STREET/COURIER A Registration Section Division of Corporation | |

P.O. Box 6327
Tallahassee, PL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | City | Zip Code |
|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|-------------------------------------------|
| | | , Florida |
| New Registered Office Address: | Enter F | lorida street address |
| Name of New Registered Agent: | | |
| Name of New Registered Agent | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office | egistered office address on our : address here: | records, enter the name of the new |
| | | |
| (Mailing address MAY BE A POST OFFICE BOX | <u></u> | 22 |
| Enter new mailing address, if applicable: | | FEB AHA |
| | | 2013 |
| (Principal office address MUST BE A STREET A. | ODRESS) | |
| Enter new principal offices address, if applicable | <u></u> | |
| The new name must be distinguishable and end with the "L.L.C." | words "Limited Liability Company," | the designation "LLC" or the abbreviation |
| A. If amending name, enter the new name of the | limited liability company here; | |
| This amendment is submitted to amend the following | og: | |
| Florida document number L13000026363 | | |
| The Articles of Organization for this Limited Liabil | ity Company were filed on Februa | ry 19, 2013 and assigned |
| (Name of the Limited Lia (A Flo | hility Company as it naw appears on rida Limited Liability Company) | our records.) |
| BROAD POINT REALTY GRO | | |

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

Page 1 of 3

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:

| <u> Fitte</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|---------------|---------------------------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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Page 2 of 3

MGR = Manager

| | 1980 Kings Highway, Port Charlotte, FL 33980 is also a membe |
|-----------------------------|---------------------------------------------------------------|
| of the limited liability of | company. |
| | |
| | |
| | |
| ned February 22 | , 2013 |
| | |
| | greature of a member or authorized representative of a member |
| Timothy J. Orlebe | eke, Authorized Representative |
| | yped or printed name of signee |
| | Page 3 of 3 |
| | Filing Fee: \$25.00 |

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