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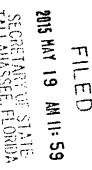
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PICK-UP WAIT MAIL
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COVER LETTER

Division of Corpor			₩.
SUBJECT:Secre	1 Garden Real E	Estate, LLC	
Sobject.	Name of Limit	ted Liability Company	
The enclosed Articles of Arr	nendment and fee(s) are subr	mitted for filing.	
Please return all corresponde	ence concerning this matter t	to the following:	
	Janes	Name of Person	
		Name of Person	
	Secret 6	Firm/Company	LC
		Firm/Company	
	14 Winding	Creek Dr Address	
		Address	
	Douglassville	City/State and Zip Code edgarden real estate. Cook obe used for future annual report notific	
		City/State and Zip Code	
_)4red @ Secr	religarden real estate. C	um
	E-mail address: (t	o be used for future annual report notific	ation)
For further information conc	cerning this matter, please ca	dl:	
Name of Pe	ase erson	at (610) 547 - 9 Area Code Daytime	745 Telephone Number
		·	·
Enclosed is a check for the f	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

TO ARTICLES OF ORGANIZATION OF

FILED 2015 MAY 19 AM II: 59

Scarel barden Real Esta	SECRETARY OF STATE TALLAHASSEE, FLORIDA
Secret Garden Real Esta (Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u> </u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
330 Kirkcaldy, LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	14 Winding Creek Dr
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Douglass Ville, NA 19518
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14 Winding Creek Dr Douglassville, PA 19518
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	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 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgc	Ken Nase	14 winding creek Dr	
		Douglassville, DA 19518	⊠ Remove
			☐ Change
			Add
			Remove
			Change
			
			Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Add
			□ Remove
			□ Change
			Remove
			Change

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Signature of a member or authorized representative of a member	The S	Oth day after the record is filed.	rlier of:
Signature of a member or authorized representative of a member	ated _	5-15-15 2015	
Signature of a member of authorized representative of a member		land Nose	
\0,001 1/250		Signature of a member or authorized representative of a member	
16 C F M - M K 1 W		Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00