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## COVER LETTER

TO: Registration Division of C			
3 Pilgri	im LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Bryan G Tomany		
	<del></del>	Name of Person	
	3 Pilgrim LLC		
	-	Firm/Company	
	11410 Montevista R	d	
	, , , , , , , , , , , , , , , , , , , ,	Address	·····
	Clermont, FI 34711		
		City/State and Zip Code	
•	btomany@3pilgrim.c	OM  to be used for future annual report noti	(ication)
For further information	n concerning this matter, please c	•	nearon
Bryan G Tomany	,	312 363-8888	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ S30.00 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)
Reg Divi P.O	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3 PILGRIM LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	W. (1) - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
The Articles of Organization for this Limited Liability Company Florida document number L13000042375	were filed on March 21, 2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of 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	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11410 Montevista Rd	
(Principal office address MUST BE A STREET ADDRESS)	Clermont, FL 34711	7AL 3E
Enter new mailing address, if applicable:	11410 Montevista Rd	MAR -6 I
(Mailing address MAY BE A POST OFFICE BOX)	Clermont, FL 34711	PH III
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	a
	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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			□ Abb
			□ Remove
			Add
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If amending any other information, enter change(s) here	
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or fil the date this document is filed by the Florida Department of State)	(optional) led date and cannot be more than 90 days after
Dated March 3, 2015 , 7015	
Clyper /L	
Signature of a member or author	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE