Florida Department of State

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(((H13000232294 3)))



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

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MORGAN BOYNTON BEACH, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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| MORGAN BOYNTON BEACH, LLC | | | | 7. 0 . | 6 |
| (Name of the Limited Liability Compan (A Florida Limited L | v as it now appea ability Company) | rs on our records.) | 35 | 13 OCT 18 M 8: 05 | 0 |
| | 0.4 | /nn/nn/4/1 | `. | 10 00 | |
| The Articles of Organization for this Limited Liability Company | were filed on U4 | 700/2013 | and assigned | 65 C | 3 |
| Plorida document number L13000051247 | | | | ASTE V | _ |
| | | | • | 7 | • |
| This amendment is submitted to amend the following: | | | | | |
| 4 If amonding some outputte year name of the limited light | liter commence ha | Name . | | | |
| A. If amending name, enter the new name of the limited liabi | my company ne | īē: | | | |
| The new name must be distinguishable and end with the words 'Limit | ad Edability Comm | | MI I CP as the abbreria | <u></u> | |
| I) he new hame must be distinguishable and end with the words "Limit "L.L.C." | ed Liability Comp | uny," the designation | 1TYP.C Of the approxim | מטנ, | |
| The second secon | | | | | |
| Enter new principal offices address, if applicable: | | | | - | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | _ | |
| • | | | ···· | - | |
| , , , , , , , , , , , , , , , , , , , | | | | | |
| Enter new mailing address, if applicable: | | | | | |
| (Mulling address MAY BE A POST OFFICE BOX) | | | | | |
| | | · | | | |
| • | | | | | |
| B. If amending the registered agent and/or registered off | | our records, ente | r the name of the r | <u>iew</u> | |
| registered agent and/or the new registered office address here | B | | | | |
| | | | | | |
| Name of New Registered Agent: | | <u> </u> | | - | |
| New Registered Office Address: | | | | - | |
| | E | nter Florida street e | address | | |
| | | , Florida | | _ | |
| | City | | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | | |
| | | | | | |
| I hereby accept the appointment as registered agent and agree | e to act in this c | capacity. I further | agree to comply with | .f | |
| the provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent as p | eie perjormance rovided for in C | t oj my aunes, and Thanter 608 FS (| :1 am jamuar with ai Dr. if this document h | na c | |
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If Changing Registered Agent, Signature of New Registered Agent

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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.

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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:

MGR = Manager MGRM = Managing Member Type of Action Address Title. Name Manager / President Robert Morgan 1080 Pittsford Victor Road Pittsford, NY 14534 Remove Manager /. Vice President' Salvador F. Leccese 650 S. Northlake Blvd Suite 450 Altamonte Springs, FL 32701 Vice President Tom Hayden 650 S. Northlake Blvd Suite 450 Altamonte Springe, FL 32701 Vice President /. Frank Grosch 650 Sl Northlake Blvd Secretary Suite 450 Altamonte Springs, FL 32701 MGR Robert Morgan 1200 Ponce de Leon Blvd Coral Gables, FL 33134 Remove Remove

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| amen | ding any | other inf | formation, enter cha | nge(s) here: | (Attach additi | onal sheets, if n | ecessary.) |
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| | -34: | | | | | The state of the s | |
| | | | Signature of a mem | ber or authoriz | ed representati | ve of a member | |
| • | | | Robert | - Mo | namo of signee | | |
| | | | Тур | | of 3 | | |

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