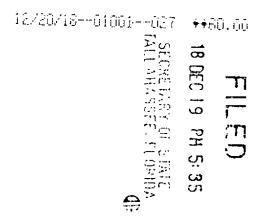
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Cor	porations		
Cabrillo Ho	oldings, LLC		
SUBJECT.	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter t	o the following:	
	Julia Knight		
		Name of Person	
	Cabrillo Holdings, LLC		
		Firm/Company	.
	301 NW 138th Terrace		
		Address	
	Jonesville, FL 32669		
	jfaulkner@cabgen.com	City/State and Zip Code	
	E-mail address: (to	o be used for future annual report notifica	ation)
For further information c	oncerning this matter, please ca	II:	
Julia Knight		352 224-2820	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he 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

TO:

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 ARTICLES OF ORGANIZATION OF

Cabrillo Holdings, LLC				
(Name of the Lim	ited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)		
The Articles of Organization for this Limited I	Liability Company were filed	on 4/24/2013 and assigned		
Florida document number L13000060517	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liability comp	any here:		
The new name must be distinguishable and contain the	words "Limited Liability Company	," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:	IA S		
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u></u>	FLED CO PH 5: 35 LIAR: SEE FORTH		
B. If amending the registered agent and registered agent and/or the new registered of		ess on our records, <u>enter the name of the n</u>		
Name of New Registered Agent:	Julia W. Knight			
New Registered Office Address:	301 NW 138th Terrace			
restricted Office radical.	Enter Florida street address			
	Jonesville	, Florida 32669		
	City	Zip Code		

If Changing Registered Agent Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
Sac	Mohammad S. Sherif	301 NW 138th Terrace	
Sec			
		Jonesville, FL 32669	
			■ Remove
			Change
	Julia W. Knight	301 NW 138th Terrace	
Sec			= Add
		Jonesville, FL 32669	
			☐ Remove
			∑ ⇔
	John W. Rollins	301 NW 138th Terrace	
VP	John W. Remine		
		Jonesville, FL 32669	Remove 55
			T = Remove
			<u> </u>
			Series Grange Change
	John W. Elbl	301 NW 138th Terrace	an Change
CRO	John W. Elet	301 WW 150th Tetrace	
		Jonesville, FL 32669	
		30168VIIIC, 1 12 32007	
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ective date, if other than the effective date is listed, the date mus	date of filing:st be specific and cannot be prior to date o	(op f filing or more than 90 days af	tional) ler filing.) Pu	rsuant to	605.020
te: If the date inserted in this blooment's effective date on the D	lock does not meet the applicable state becaring the state of State's records.	utory filing requirements, t	his date wil	l not be l	listed a
record specifies a delayed he 90th day after the rec	d effective date, but not an ef ord is filed.	fective time, at 12:01	a.m. on	the ea	rlier c
December 14 ed	2018				
m. i t	ly mount				
	Signature of a member or authorized re				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00