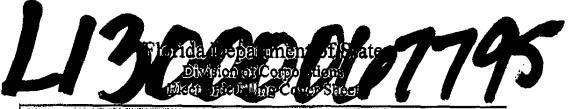
Division of Corporations



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To:

Division of Corporations

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1 (850)617-6383

From:

Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)

Account Number : 071005001001 Phone

: (727)441-8966

Fax Number

: (727)442-8470

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

ipr@macfar.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLOWBAKE NORTH PORT, LLC

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COVER LETTER

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SUBJECT	FLOWBA	KE NORTH PORT, LLC			
SOMECI	' 	Name of Lin	nited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:	·	
		J. PAUL RAYMOND		,	
			Name of Person		
		MACFARLANE FERGU	SON & MoMULLEN		
•			Firm/Company		
		625 Court Street, Suite 20	0		
		·	Address		·
	•	Clearwater, FL 33756	•		,
			City/State and Zip Code		
	,	jpr@mscfar.com		R	~
		B-mail address: ((to be used for future annual report notifical	, ,	2015
For further	information c	oncerning this matter, please o	all;	ĨĤ	<u> </u>
J. Paul Ray	mond		727 441-8966 at ()	SS AR	
	Name o	f Person		<u>r</u> ω.	
Bnolosed is	a check for th	e following amount;		등급 4	ت ث
□ \$25,00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Sta Certified Copy	itus &

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 Taliahassoe, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		, Florida	
New Registered Office Address:	Enter Florida	a street address	
	,	· · · · · · · · · · · · · · · · · · ·	·
Name of New Registered Agent:			-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records anter the name of the registered agent and/or the new registered office address here:	 = ⊌		
B. If amending the registered agent and/or reg	dstered office address on o	our records enter t	he name of the n
		• • • • • • • • • • • • • • • • • • • •	
		SEE	
•		ĀS AS	омения
Enter new mailing address, if applicables		AH.	٣.
		38	201
(Principal office address MUST BE A STREET ADD			
Enter new principal offices address, if applicable:			· · ·
	•		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the deal	gnotion "LLC" or the abb	reviation "L.L.C."
SAGE NORTH PORT, LLC	inninel antibutt itera	;•	
A. If amonding name, <u>enter the new name of the lir</u>		15	
This amendment is submitted to amend the following:			
Florida document number L13000067795		•	
The Articles of Organization for this Limited Liability	Company were filed on May	9, 2013	and assigned
·	lility Company as it now appears of de Limited Liability Company)	•	

New Registered Agent's Signature, if changing Registered Agenti

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 natified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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 = Ma	nager thorized Member		•		
Title	<u>Name</u>	,	Address		Type of Action
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