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COVER LETTER

Division of Cor				
SUBJECT:	OWER M	anagemen+ ed Liability Company	·	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Meahar	1 West		
	Lar	Name of Person South Firm/Company		
	P.O. Box	7595 Address		
	_ LKId F	L 33807	<u> </u>	
	Meghan@ E-mail address: (10	City/State and Zip Code Output Discrete and Zip Code Discrete and	20M 2000	13 SEP
For further information co	oncerning this matter, please ca	all:		5
Meghan V	Ves+	at (<u>863) 1017- 950</u> Area Code & Daytime To	party - turn	The same
\cup			⊅ M©	ه
Enclosed is a check for th	e 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 Stat Certified Copy (additional copy)	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

	Or		
Tall Tower	Manageme	ent	
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears imited Liability Company)	on our records.)	
	•	1 .	
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>U</u>	<u> 3/10/2013 </u>	nd assigned
Florida document number <u>L 30008358 </u>	<u>_</u> .	i į	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here	:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compar	y," the designation "LLC" of	or the abbreviation
Enter new principal offices address, if applicable:		A [†] c	
(Principal office address MUST BE A STREET ADDRI	ESS)	· · · · · · · · · · · · · · · · · · ·	- - -
			<u>}*₹₹** (X)</u>
		in the	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			5
(Mailing address MAY BE A POST OFFICE BOX)	-		3
	 -	; ⁷² 6-	27,000,23
	•		C)
B. If amending the registered agent and/or registe	ered office address on o	**************************************	
registered agent and/or the new registered office addre			
Name of New Registered Agent:			
New Registered Office Address:			
	.Ente	er Florida street address	
	-	, Florida	
	City	Zip	o 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 608, 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 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 = Ma	naging Member		
Title Mar		P.O. Box 7595 Lkld FL 33807	Type of Action Add Remove
<u>Mgr</u>	Land South Holdings	P.O. Box 7595 LKID FL 33807	_ X Add _ Remove
			Add Remove
		A CANAGE OF STATE	Remove
			Add Remove
			Add Remove

If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
nted _	09/11/2013 / 11/1
	Ball 1
	Brian G. Philot
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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