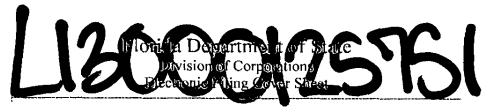
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Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : BROAD AND CASSEL (ORLANDO)

Account Number : I19980000090 Phone : (407)839-4200 Fax Number : (407)839-4264

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

Email Address: swilson@blueskycommunities.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE MOON LAKE LLC

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D. SCOTT

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BLUE MOON LAKE LLC					
(Name of the Limited Liability C (A Florida Lia	ompany as it now appears on nited Liability Company)	our records.)			
The Articles of Organization for this Limited Liability Comp	pany were filed on 9/6/13		and ess	igned	
Florida document number L13000125751					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company here:				
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	nation "LLC" or the abbr	eviation "L.	L.C.	_
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS	<u> </u>				
Enter new mailing address, if applicable:			<u> </u>	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u>=0</u>	_	
			<u>256</u>	8	
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B. If amending the registered agent and/or registere		r records, enter th	e name	of The	ne
registered agent and/or the new registered office address	<u>nere</u> :		-,, =		$\subset$
			52	ب	
Name of New Registered Agent:	<del></del>	<del></del>	<u> </u>		_
New Registered Office Address:			***	ස	
	Enter Florida s	treet address			
		, Florida _			
<del></del>	Clty		Zip Code		_
Name Danistana d Amerika Ciamatana a Sahamalan Danistanad Am					

## 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 filled 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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	BLUE LEMON M LLC	5300 W. CYPRESS ST, STE. 200	
		TAMPA, FL 33607	Remove
			Change
MGR	BLUE MOON LAKE M LLC	5300 W. CYPRESS ST, STE. 200	
		TAMPA, FL 33607	C Remove
			Change
		D Add	
			Remove
			□ Change
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			Change
			Add
			Remove
			Change

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If amendin	g any other information, enter change(s) here: (Attach odditional sheets, if necessary.)		
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he record s The 90th	specifies a delayed effective dato, but not an effective time, at 12:01 a.m. on day after the record is filed.	the ear	lier of:
Dated	2016		
****	Signature of a mainter or authorized representative of a member	***************************************	
e	hawn Wilson, Manager of Manager		
• • •	Typed or printed nome of signce	····	

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