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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phon | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | isiness Entity Nar | me) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: Registration S Division of Co | | | |
|-----------------------------------|--|---|---|
| OLID ID OR | Heritage Dunes XVI, LLC | | |
| SUBJECT. | Name of Lin | nited Liability Company | |
| • | Amendment and fee(s) are sub ondence concerning this matter | _ | |
| | Mark Violette | | |
| | | Name of Person | |
| | Mark A. Violette, P.A. | | |
| | | Firm/Company | - |
| , | 4405 Commons Drive Eas | st, Suite 102 | |
| | | Address | |
| | Destin, Florida 32541 | | |
| | | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information of | concerning this matter, please c | all: | |
| Mark Violette | | 850 424-5595 | |
| Name o | of Person | at () Area Code Daytime | Telephone 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) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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 OF**

| were filed on October 4, 2013 | and a | – assign | ıed |
|---|---|---|--|
| were filed on October 4, 2013 | and a | assign | ıed |
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| lity company here: | | | |
| ty Company," the designation "LLC" or the | he abbreviation | | 1 *1 |
| 20 Gulf Mark Lane | (** 1 m (**) | <u>></u> | |
| Santa Rosa Beach, Florida 32459 | 7515 652 | <u>-5</u> | 777 |
| | C FOR J | 2 | 5 |
| P.O. Box 611058 | 皇於 | #: | |
| Rosemary Beach, Florida 32461 | | - | |
| | ter the nam | e of | the ne |
| 20 Gulf Mark Lane | | | |
| Enter Florida street address | | | |
| th so | 32450 | | |
| h, Florida | , 32437 | | |
| f : | 20 Gulf Mark Lane Santa Rosa Beach, Florida 32459 P.O. Box 611058 Rosemary Beach, Florida 32461 fice address on our records, en | 20 Gulf Mark Lane Santa Rosa Beach, Florida 32459 P.O. Box 611058 Rosemary Beach, Florida 32461 Tice address on our records, enter the name: | P.O. Box 611058 Rosemary Beach, Florida 32461 Rosemary Beach, Florida 32461 Rosemary Beach, Florida 32461 |

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 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------------|-------------------------------|-----------------|
| MGRM | Joseph Baranowski | 33 Grizzly Street West | |
| | | Freeport, FL 32439 | ■ Remove |
| | | | ☐ Change |
| MGRM | Faisal Syed | Post Office Box 611058 | = Add |
| | | Rosemary Beach, Florida 32461 | □ Remove |
| | | | Change |
| | | | □ ∧dd |
| | | | ☐ Remove |
| | | | Change |
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| amending any other informati | on, enter change(s) here: (Attach additional sheets | s, y necessary.) |
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| lote: If the date inserted in this blococument's effective date on the Dep | be specific and cannot be prior to date of filing or more than 90 ck does not meet the applicable statutory filing requirement artment of State's records. Description of the content of | ents, this date will not be listed as |
| ated July 31 | 2015 | |
| <u></u> | gnature of a member or authorized representative of a member | r John John John John John John John John |
| | Comments of a member | Aug. |
| Hateal Sund | | |
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Filing Fee: \$25.00