6/1/2016

H160001339783 da Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name

: SELLAR, SEWELL, RUSS, SAYLOR & JOHNSON;

Account Number : I20010000127

Phone

: (352)787-2308

Fax Number

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUMTER HORIZON, LLC

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Who 2 2016 HARRIS

ARTICLES OF ORGANIZATION OF

Sumter Horizon, LLC				
(Name of the Limited Liability Company (A Florida Limited Lia	v as it now appears on our records.) ability Company)	**************************************		
The Articles of Organization for this Limited Liability Company w	vere filed on 10/7/13	and assigned		
Florida document number L13000141107		,		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ling name, enter the new name of the limited liability company here: nuss be distinguishable and contain the words "Limited Liability Company," the designation "LIC" or the abbreviation "L.L.C." principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abb	reviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
•		(7)		
	 -			
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	50			
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		. vi America		
B. If amending the registered agent and/or registered offi	ice address on our records, <u>enter (</u>	he name of the		
registered agent and/or the new registered office address here:		10		
		•		
Name of New Registered Agent:				
New Registered Office Address:	·			
a	Enter Flurida street address			
	, Florida			
	City	Zip 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 603, 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

MGR = Manager

AMBR = Authorized Member

If amending Authorized Person(s) authorized to make Q.Q. at 3 320 738. 3 ame, and address of each person being added or removed from our records:

<u>Title</u> Name <u>Address</u> Type of Action AMBR John Toscani ₽ Vqq 510 CR 466 SEE 207 □ Remove ☐ Change □ Add □ Remove □ Change □ Add □ Remove ☐ Change DDA 🗗 □ Remove Change _i⊠ Add □ Remove □ Change □ Add □ Remove Change

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