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COVER LETTER

Div	ision of Corpo	rations				
SUBJECT:	Brookstone St	uperior I, LLC				
Name of Limited Liability Company				, , , , , , , , , , , , , , , , , , , 		
The enclosed	d Articles of Ar	nendment and fee(s) are subn	nitted for filing.			
Please return	n all correspond	ence concerning this matter t	o the following:			
		Leon J. Wolfe				
			Name of Person			
		Cornerstone Superior, LLC				
			Firm/Company			
160 South Dixie Highway, Suite 107						
			Address			
		Hollywood, FL 33020				
			City/State and Zip Code	3-6-	38	
		elaine@brookstonellc.com		<u>に</u> 		
		E-mail address: (to	be used for future annual report notification	in) # 17	- +	Consider
For further i	nformation con	cerning this matter, please ca	11:			
Leon Wolfe	:		954 362-5700 at ()	ელ უუ ეს	 	Harace Marine
	Name of P	erson	Area Code Daytime Tele	ephone Number	<u></u>	
Enclosed is	a check for the	following amount:				
\$25.00 1	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 Status & Certified Copy (additional copy is enclosed)		

Registration Section

TO:

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

Brookstone Superior I, LLC		
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed on 11/7/2013	and assigned
Florida document number L13000157001		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
Cornerstone Superior, LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicab	ele:	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	0X)	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>en</u> ce address here:	ter the name of the new
		S.O. Samples
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address , Florida	TO THE
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	10 O

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 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

AMBK = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an ef	ve date, if other than the date of filing:	5.02
ore: ocun	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be tiss nt's effective date on the Department of State's records.	
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The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest the record is filed.	
ated	4-77- 7015	
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Page 3 of 3

Filing Fee: \$25.00