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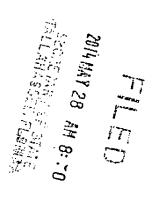
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(Gulf Shore Redev	velopment, LLC	
	CORPORATE NAME AND D	_	
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COVER LETTER

Division of Co					
SUBJECT: Gulf	Shore Redeve	elopment, LLC			
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:		201 741	
	Mateo Arias			2014 HAY 28	.
	•	Name of Person		7	ſ
	Cheffy Pass	sidomo, P.A.			l E
		Firm/Company		ည်း ထု	فرته
	821 Fifth Av	enue South		C	
	,	Address			
	Naples, FL	34102			
		City/State and Zip Code			
	mcarias@naples	IAW.COM to be used for future annual report notifi	cation)		
For further information of	oncerning this matter, please c	•	ŕ		
Mateo Arias	S	_{at} 239, 26193	00		
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne 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 Certificate o Certified Cop (additional copy	f Status & py	

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

Gulf Shore Redevelopment,	LLC			
(Name of the Limited I	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi	ility Company were filed on 11/12/2013	and a	issigned	
Florida document number <u>L13000158892</u>	'	,	23	
This amendment is submitted to amend the following	ing:	1000 (1000) 1000 (1000) 1000 (1000)		I
A. If amending name, enter the new name of th	<u>e limited liability company here</u> :	سهر دو آمه وده آمه وده	Y 2	Frances University
		[Fr] 14.	ငာ	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the		"E.C."	9
Enter new principal offices address, if applicabl	e:	122 (4) 122 (4) 144 (2)	င္ပဲ	
(Principal office address MUST BE A STREET A		कुर्देश	Č	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, ento	er the name	e of the	e new
New Registered Office Address:				
TVCW Registered Office Address.	Enter Florida street address		_	
	, Florida			
	City	Zip Cod	e	***************************************
New Registered Agent's Signature, if changing Regi	istered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper of accept the obligations of my position as register being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my duties, and I an red agent as provided for in Chapter 605, F.S. C istered office address, I hereby confirm that the	n familiar w Dr, if this doe	vith and cument	1

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = A	uthorized Member Name	Address	True of Action		
		Address Type of Act			
MGR	Jordan Saper	1400 Gulf Shore Blvd. N., #106			
		Naples, FL 34102	■ Remove		
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			Refflore		
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State) Dated May 27, 2014			
Signature of a member or authorized representative of a member Joe Belz Typed or printed name of signee	FINE TO THE POST OF THE POST O	2814 MAY 28 /	
	图的	AM 8: -	

Page 3 of 3

Filing Fee: \$25.00