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MICHARY OF STATE

APR 20 2016 J. HARRIS



6405 South 3000 East, Suite 150, Salt Lake City, UT 84121 W 801*527*1040 • F 801*527*1000 • yorkhowell.com

April 11, 2016

Via U.S. First Class Mail

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: PIP FL 1 LLC

To Whom It May Concern,

Please accept this letter as our request to file the following enclosed document:

• Articles of Amendment to Articles of Organization of PIP FL 1 LLC, changing the name to be PIP Ibis, LLC (1 original, 1 copy enclosed)

I have enclosed the standard cover letter provided by your office as well as a check, Number 4544, in the amount of \$55.00 to cover the filing fee associated therewith, as well as the fee to request that a Certified Copy of the filing be returned to our office.

Please file this document as soon as possible and return a date stamped, certified copy to me in the self-addressed, stamped envelope provided.

If you have any questions regarding this matter, please do not hesitate to contact me at 801-527-1040. Thank you for your attention to this matter.

Very truly yours,

Erica L. Anderson

Paralegal to Andrew L. Howell.

/ela

Encs.

COVER LETTER

Divi	ision of Corpo	orations		
SUBJECT:	PIP FL 1 LLC			
boby Lett.		Name of Limit	ted Liability Company	
•				
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspond	lence concerning this matter t	o the following:	
		Andrew L. Howell		
		***************************************	Name of Person	•
		York Howell & Guymon		
			Firm/Company	
		6405 South 3000 East, Suite	e 150	
			Address	
		Salt Lake City, Utah 84121		
			City/State and Zip Code	
		zbuttar@gmail.com		
		E-mail address: (to	o be used for future annual report no	otification)
For further in	formation con	cerning this matter, please ca	11:	
Erica L. And	erson		801 527-1040 at ()	
	Name of P	erson	Area Code Dayti	me Telephone Number
		•		
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling 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)

MAILING ADDRESS:

TO:

Registration Section

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

PIP FL 1 LLC						
. (Name of the Limit	d Liability Compa (A Florida Limited)	ny as it now appears on or Liability Company)	r records.)	······		
The Articles of Organization for this Limited Li Florida document number	ability Company	were filed on	ber 6, 2013	8	and assi	gned
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
PIP Ibis, LLC						
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the	abbrevia	tion "L.L	.C."
Enter new principal offices address, if applicable:		144 Hunters Pointe				
(Principal office address MUST BE A STREET ADDRESS)		Mooresville, North Ca	rolina 28117			
)) (4	<u> </u>	
Enter new mailing address, if applicable:		144 Hunters Pointe		- 100 - 10	APR i	- 2 102°
(Mailing address MAY BE A POST OFFICE 1	3 <i>OX</i>)	Mooresville, North Ca	rolina 28117	4.7		* m.Ends
					_ 	**************************************
B. If amending the registered agent and/oregistered agent and/or the new registered of			records, ente	RECEIVED TO	name o	f the n
Name of New Registered Agent:	Corporation Se	rvice Company		•		
New Registered Office Address:	1201 Hays Stre					
·		Enter Florida stre				
	Tallahassee		, Florida	32301		
		City		Zip	Code	

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 Ashbey labert company has been notified in writing of this change. Assistant Vice President

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member '

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Zahid A. Buttar	144 Hunters Pointe	
•		Mooresville, North Carolina 28117	□ Remove
			□ Change
MGR	Kimberly K. Buttar	144 Hunters Pointe	
		Mooresville, North Carolina 28117	Add
			Remove
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Effective date, if other than the of an effective date is listed, the date must	be specific and cannot be prior to date of filing or more than ck does not meet the applicable statutory filing require	
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Filing Fee: \$25.00