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COVER LETTER

TO: Registration Section Division of Corp			•
SUBJECT: Bunch	ville Estates,	LLC	
SUBJECT:		ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	John J. Aglia	ano	
		Name of Person	
	Burr & Form	<u> </u>	
		Firm/Company	
	201 N. Frank	klin St., Suite 320	00
		Address	
	Tampa, Flor		
	gary@fmcctampa	City/State and Zip Code	
		o be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	ıll:	
John J. Agli	ano	" _. 813, 367-57	738
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 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)

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

Bunchville Estates, LLC				
(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	<u> </u>		
The Articles of Organization for this Limited Lia	ability Company were filed on January 17, 2014	_ and ass	igned	
Florida document number L14000009989				
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
Bunchville Properties, LLC				
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designation "LLC" or the abb	reviation "I	L.C."	
Enter new principal offices address, if applica	ble:			-
(Principal office address MUST BE A STREET	<u> ADDRESS)</u>			_
	> TI:	1	- ji	
Enter new mailing address, if applicable:	<u> </u>		*****	
(Mailing address MAY BE A POST OFFICE B	<u>80X)</u>			
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		: (5	7 1934	•
R If amending the registered agent and/o	or registered office address on our records, enteract		of the r	1031
registered agent and/or the new registered off	ice address here: مندنة المارية	е паце	or the 1	lev
	100 4441 610 11010			
Name of New Registered Agent:				
New Registered Office Address:				
Non Magistered Office Madress.	Enter Florida street address		 	•
	, Florida	Zip Code		-
	City	Lip 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 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

IGR = M $MBR = A$	anager uthorized Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
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D.	If amo	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_	
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(11	(The eff	ve date, if other than the date of filing: Let be great this document is filed by the Florida Department of State) January 22, 2014 (optional) (optional)
	Dated	January 21 2014
		Signature of a member or authorized representative of a member
		John J. Agliano, Esquire
		Typed or printed name of signee

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Filing Fee: \$25.00