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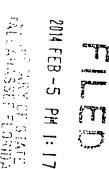
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COVER LETTER

	Registration S Division of Co				
SUBJECT					
50 5 05	· · -		or Holdings, LLC ited Liability Company		
		f Amendment and fee(s) are su	-		
riease rett	um an corresp	ondence concerning this matte	r to the following:		
			John M. Morgan Name of Person		
Attorne Firm/			Firm/Company	29 FE SHOW	
	8911 Daniels Parkway, Suite 6				
	Address				
	Fort Myers, Florida 33912 City/State and Zip Code				
		jmm	organ@morgantitle.com	90	
For further	r information	E-mail address: (concerning this matter, please o	to be used for future annual report notificat	ion)	
				4.0570	
		nn M. Morgan of Person	at (239) 45 Area Code & Daytime Te	4-0572	
Enclosed i	s a check for t	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)	
	Regist Divisi P.O. B	ANG ADDRESS: ration Section on of Corporations Sox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	McGreggor H	oldings, LLC		
(<u>Na</u>	me of the Limited Liability Compa (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	-
The Articles of Organization f	or this Limited Liability Company	were filed on	01/27/14	and assigned
Florida document number	L14000014409			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liab	ility company her	2:	
	McGregor Ho	ldings, LLC		
The new name must be distingui	shable and end with the words "Limi	ited Liability Compa	ny," the designation "I	LLC" or the abbreviation
L.L.C.				
Enter new principal offices a	ddress, if applicable:			; -
Principal office address MUS	ST BE A STREET ADDRESS)	·		2200
		_		
			.,	5 5 F
Enter new mailing address, i	f applicable:		r se	
Mailing address MAY BE A		<u> </u>		(A) James Na
1-14 thing was 1-2-11 1-12-11 1-12-11	TOST OFFICE HOLY			7
			Land State Control of the Control of	
	red agent and/or registered of ew registered office address her		ur records, <u>enter t</u>	the name of the ne
Name of New Regist	ered Agent:	 		
New Registered Offic	ce Address:			
		Ent	er Florida street ada	lress
			, 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Silverleaf Advisors, LLC	8911 Daniels Parkway, Ste 6 Fort Myers, Florida 33912	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove Wadd
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessor	77.7
_ 			
_			
Dated	February 1,,	2014	
	Signature of a mer		<u></u>
	Ty	nn M. Morgan, Manager rped or printed name of signee	 -

Page 2 of 2

Filing Fee: \$25.00