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COVER LETTER

	ARM SPRINGS, LLC						
Name of Limited Liability Company							
The enclosed Articles (of Amendment and fee(s) are sub	mitted for filing.					
Please return all corres	ondence concerning this matter	to the following:					
	Jennifer A. Cachon						
	 	Name of Person					
	Conroy, Conroy & Durant	, P.A.					
		Firm/Company					
	2210 Vanderbilt Beach Re	oad. Suite 1201					
		Address					
	Naples, FL 34109						
		City/State and Zip Code					
	jeachon@naplespropertylav	w.com to be used for future annual report notifi	(estim)				
For further information	concerning this matter, please c		Canany				
Jennifer A. Cachon		239 649-5200 at ()					
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

ARGO WARM SPRINGS, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.14000019339}{1.14000019339}$.	were filed on $\frac{02/04/2014}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	ment of same
	September 1
	55: 80 1
Enter new mailing address, if applicable:	me. m
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 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 AMBR = Authorized Member

Title '	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Scott Bland	21141 BELLA TERRA BLVD	⊟ Add
		ESTERO, FL 33928	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
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Effective date, if other than th	11/10/2015	i	(optional)	
fan effective date is listed, the date m Note: If the date inserted in this l	just be specific and cannot be prior	to date of filing or more than 90 day	ys after filing.) Pursuant	to 605.020
document's effective date on the I			is, this date will not t	ic fisica i
ne record specifies a delaye The 90th day after the re		ot an effective time, at 12	:01 a.m. on the	
The Soul day after the re	coru is mea.			7
Dated November 19	2015			A 014 5
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	Signature of a member or auth	orized representative or a memoer	ന് സ്ഗ	PH I2:

Page 3 of 3

Filing Fee: \$25.00