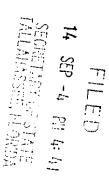
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SEP 11 2014 S. YOUNG

COVER LETTER

TO:

Registration Section
Division of Corporations

IECT. CLEMATIS 313, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STUART I. GROSSMAN

Name of Person

LEVINE KELLOGG LEHMAN SCHNEIDER + GROSSMAN LLP

Firm/Company

201 S. BISCAYNE BLVD - 22ND FL

Address

MIAMI, FLORIDA 33131

City/State and Zip Code

SIG@LKLSG.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART GROSSMAN

.305, 403-8788

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

CLEMATIS 313 LLC.

	111110 010, EE0	<u>.</u>		
(<u>Name of the Limited L</u> (A I	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liabi Florida document number <u>L14000034468</u>		_and assi	igned	
This amendment is submitted to amend the following	ng:	AETA	SEP -	<u> </u>
A. If amending name, enter the new name of the	e limited liability company here:		·	ļ
		-1-	10	
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or the abbr	eviation "L		
Enter new principal offices address, if applicable	e:	55.00		
(Principal office address MUST BE A STREET A	(DDRESS)			
				_
				—
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u>X)</u>			
		,		_
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the address here:	e name (of the	new
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			

_	, Florida	Zin 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 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:

MGR = M $AMBR = A$	Ianager (authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
MGR	ALISON COLBERT	95 NORTH COUNTY ROAD Add
		PALM BEACH, FL 33480 Remove
MGR	ADRIANNE SILVER	95 NORTH COUNTY ROAD
		PALM BEACH, FL 33480 CRemove
<u>·</u>		AAR Remove
		Add Remove
		Add
		Add

	*		
Effective date, if other the (The effective date must be specified the date this document is filed by	in the date of filing: ic, cannot be prior to date of receipt or the Florida Department of State)	(optional) (filed date and cannot be more than 90 days after	
the date this document is filed b	in the date of filing: ic, cannot be prior to date of receipt or the Florida Department of State) 2014	(optional) filed date and cannot be more than 90 days after	
the date this document is filed b	the Florida Department of State)		
Dated August 25	the Florida Department of State)	(optional) filed date and cannot be more than 90 days after	

Page 3 of 3

Filing Fee: \$25.00

14 SEP -4 FN 4: 42 SECRETARY GTSTATE TALLAHASSEE, FT ORIDA