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CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 388589 REFERENCE : AUTHORIZATION : COST LIMIT : ORDER DATE: September 17, 2018 ORDER TIME : 12:14 PM ORDER NO. : 388589-010 CUSTOMER NO: 7446854 DOMESTIC AMENDMENT FILING NAME: PLANTATION 25, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: _ CERTIFIED COPY ___ PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS:

COVER LETTER

TO:						
el:bic						
SUBJE	C1:	Name of Lim	ited Liability Company			
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please r	eturu all correspo	ondence concerning this matter	to the following:			
		Kenneth R. Florio				
			Name of Person			
		Goodkind & Florio, P.A.				
	Plantation 25, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Kenneth R, Florio Name of Person Goodkind & Florio, P.A. Firms Company 8-461 SW 3-44th Street Address Palmetto Bay, FL 33158 City:State and Zip Code E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Kenneth R, Florio 786 713 5017 Area Code Daytime Telephone Number Securificate of Status Certificate of Status Certified Copy Godditoral copy is enclosed. Certificate of Status					
		8461 SW 144th Street				
	Palmetto Bay, FL 33158					
			City/State and Zip Code			
		E-mail address: (to be used for future annual report no	infication)		
For furt	her information c	concerning this matter, please c.	ell:			
Kennet			The state of the s			
	Name o	of Person	Area Code Daytii	ne Telephone Number		
Enclose	ed is a cheek for t	he following amount:				
■ \$25	.00 Filing Fee		Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
		ING ADDRESS:	STREET/COUR			

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Fl. 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Plantation 25. LLC	
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number 1.14000049018	Company were filed on 3/25/14 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "fair	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	
Enter new mailing address, if applicable:	; ;
(Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office add	istered office address on our records, <u>enter the name of the new</u> dress here:
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Rene Gutierrez	135 San Lorenzo Avenue	- ⊋ Add
		Suite 770	☐ Remove
		Coral Gables, FL 33146	_ Change
			□ Remove
		·	□ Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change

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Effective date, if other than the da	te of filing:	(optional) ng or more than 90 days after filing.) Pursuant n	
(If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depart	does not meet the applicable statutor	ng or more than 90 days after filing.) Pursuant to by filling requirements, this date will not be	5 605 020 Histodia
the record specifies a delayed ef The 90th day after the record	fective date, but not an effectise filed.	tive time, at 12:01 a.m. on the e	arlier d
September 17 Dated	2018		
٠-	27/6		

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Filing Fee: \$25.00