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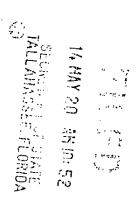
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COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: TOWEY COMPONIES 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: |
| Meghan West |
| Name of Person South Firm/Company |
| 4030 S. Pipkir Rd Ste 100 |
| Lakeland FL 33811 City/State and Zip Code |
| E-mail address: (to be used for future annual report/notification) |
| For further information concerning this matter, please call: |
| Name of Person at (813) LW7-9500 Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

| Tower | - Componies UC | |
|---|---|--|
| (Name of the Limited I. (A.I. | iability Company as it now appears on our records.) lorida Limited Liability Company) | |
| The Articles of Organization for this Limited Liabil Florida document number <u>L14000066485</u> | lity Company were filed on 4 23 14 | and assigned |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | e limited liability company here: | |
| The new name must be distinguishable and end with the word | ds "Limited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable | e: | |
| (Principal office address MUST BE A STREET A | (DDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.) B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter | the name of the new |
| | | |
| Name of New Registered Agent: | | 7577 |
| New Registered Office Address: | Enter Florida street address | |
| - | City | Zip Code |
| New Registered Agent's Signature, if changing Regi | stered Agent: | ं । |
| provisions of all statutes relative to the proper a accept the obligations of my position as register | gent and agree to act in this capacity. I further ag und complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the li unge. | familiar with and r, if this document is |

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

| AMBR = Au | thorized Member | | |
|--------------|------------------------|--------------------------------------|---------------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Brian G. Philpot | P.O. Box 7595 | 🗆 Add |
| | · | Lakeland FL 33807 | Remove |
| MGR | Robert F. Harper, IV | // (1 | |
| <u>Mg.r</u> | David Denton | 11 | |
| MGR | Dale West | // ** | Add |
| <u> 116R</u> | Tall Tower Ventures, W | C P.O. Box 7595 Lakeland FL 33807 | Remove |
| MGIR_ | Land South Towers LC | P.O. Box 7595 Lakeland FL 33807 | X Add 7□ Remove |
| | | | |

| | 1. (1914) 111 |
|--|--|
| | |
| Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and car the date this document is filed by the Florida Department of State) | (optional) not be more than 90 days after |
| Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and car the date this document is filed by the Florida Department of State) Dated | (optional) not be more than 90 days after |

Page 3 of 3

Filing Fee: \$25.00