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| Highland Lakes One | e, LLC | | | | | |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|-------------|---------------|
| Hiahl | and Lakes One, LLC | | |
| SUBJECT: | Name of Limited Liability Company | | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are submitted for filing. | | |
| Please return all correspo | ondence concerning this matter to the following: | | |
| | Elizabeth Evans, Esq. | | |
| | Name of Person | | |
| | SilverGarvett | | |
| | Firm/Company | | |
| | 18001 Old Cutler Road #600 | | |
| | Address | 7 | ~ 3 |
| | Miami | 12 1 | 7614 JUL |
| | City/State and Zip Code | <u> </u> | |
| | liz@floridalegal.net E-mail address: (to be used for future annual report notification) | | 0 |
| For further information c | oncerning this matter, please call: | (1) | |
| Elizabeth E | | | % 2 |
| Name o | f Person Area Code Daytime Telephone Number | | |
| | | | |
| Enclosed is a check for th | ne following amount: | | |
| ■ \$25.00 Filing Fee | (additional copy is enclosed) Certified C | of Status & | |

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

| Highland Lakes One, LLC | | 4 |
|--|---|-----------------------------|
| (Name of the Limited | Liability Company as it now appears on our records.) Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liab Florida document number <u>L14000073040</u> | bility Company were filed on 5/06/14 | and assigned |
| This amendment is submitted to amend the follow | ving: | 2 |
| A. If amending name, enter the new name of t | the limited liability company here: | , <u>.</u> |
| The new name must be distinguishable and end with the wo Enter new principal offices address, if applicable (Principal office address MUST BE A STREET | | r the abbreviation "L.L.C." |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE By | <u> </u> | |
| B. If amending the registered agent and/or registered agent and/or the new registered officers. | r registered office address on our records, e | nter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | City, Florid | la |

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 $AMBR = A$ | lanager uthorized Member | | |
|--------------------|-----------------------------|--|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGR | Leandro Paiva | 12895 SW 132 Street,Suite | ≥ 202 ■ Add |
| | | Miami, FL 33157 | 🗆 Remove |
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| the date this document is filed by the I Dated 7/10 | not be prior to date of receipt or filed date and cannot be more than 90 days after Florida Department of State) 2014 3014 Signature of a member or authorized representative of a member | 2014 JUL |

Page 3 of 3

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