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orida Deparation of Stat Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

Prom:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please..\*\*

Email Address:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THREE PE ARGAND, LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

18 AUG AM 6: SECRETALLAMASSEE, FLORIDA

THREE PE ARGAND, LLC	-0,
(Name of the Limited Liability Company (A Florida Limited Lu	as it now appears on our records.)  ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number £14000079975	vere filed on 05/16/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ty company here:
The new mane must be distinguishable and contain the words "Limited Liabilit	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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	lice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridastreet address
	Charles Constitution and American

## 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 t 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.

Cin

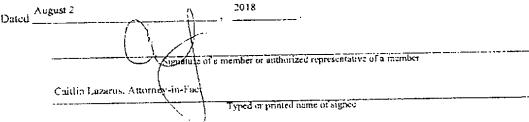
If Changing Registered Agent, Signature of New Registered Agent

Florida \_

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
MGR	Soaring Wings Manager LLC	1600 E. 8th Avenue Suite A-208	
		TAMPA, FL 33605	<b>≡</b> Remove
			Change
MGR Kenneth P. Jones	Kenneth P. Jones	1600 E. 8th Avenue Suite A-208	Add
		TAMPA, FL 33605	□ Remove
			Change
		18 AUG TALLAMET	
			ERRemove
			PER OCHARGO 30
			D Fill C
			□ Remove
			Change
			☐ Remove
			Change
			☐ Remove
			Change



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