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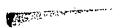
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MAY 1 6 2017 S. YOUNG

SECRETARY OF STATE FALLAHASSET, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TORTOISE TRAIL 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:
RICHARD H. Shaffner Name of Person TORFOISE TRAIL LLC Firm/Company
Name of Person
TURTOISE TRAIL, LLC
13650 FIDDLESTICKS Blub BOX 202-387
Address
FORT MYERS, FLARIDA 3391Z = 38
FORT Myers, Flarida 3391Z City/State and Zip Code RShaffner & GMAIL. COM E-mail address: (to be used for future annual report notification) To See The Control of Section 1985 To See The Control of Section
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Rick Shaffaer at (239) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,

Certified Copy

(additional copy is enclosed)

Certificate of Status

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certificate of Status &

Certified Copy (additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U	1'	
Tortoise TRAIL	LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Jability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>5-19-14</u>	and assigned
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:		= 0
(Principal office address MUST BE A STREET ADDRESS)		FE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AK 15 PH 3: 17
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ice address on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		
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 = A	Authorized Member		
Title	<u>Name</u>	Address	Type of Action
MGR	RICHARD H. Shaffner	13650 Fichellesticks Blvo	Add
		Bex 202-387	☐ Remove
		Fort Myers, Flarion 339,	<u>/Z</u> □ Change
MGR	Kristen M Kerrigan	13650 Fiellestices Blod	Add
		Box 202-387	Remove
		Fort Myers, Florida 339	12 Change
Mal	JEFfery DAMI	4951 TAMIANI Trail N	XADE PER
		Ste 103	Remove SS
		Ste 103 NAPLES, Florida 3410	Remov5 PH 3:
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(If an <u>Not</u> e	ctive date, if other than the date of filing:	605.0207 (3)(b) listed as the
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the ease 90 th day after the record is filed.	arlier of:
Date	MAY 12 1 2017	
	(1 St. 1 St	
	Signature of a member of authorized representative of a member	-

Page 3 of 3

Filing Fee: \$25.00