Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850)617-6383

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOARING WINGS REALTY BRADENTON, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

AND NOV 12 A 10:

NOV 1 3 2015

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOARING WINGS REALTY BRADEN	TON, LLC	
(Name of the Limited List (A Flor	pility Company so it new appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 1.14000080486	Company were filed on 05/16/201	4 and assigned
This amendment is submitted to amend the following:	:	
A. If emending name, enter the new name of the li	mited liability company here:	
Nine RE Waterview Manager, LLC		
The new name must be distinguishable and contain the words "I	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	

Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	***************************************	
registered agent and/or the new registered office as Name of New Registered Agent:	ddress here:	
New Registered Office Address:		
New Registered Office Adults.	Enter Florida stre	et address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Register	ered Agent;	
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this change	d complete performance of my du l agent as provided for in Chapte ered office address, I hereby con ge.	ties, and I am familiar with and r 605, F.S. Or, if this document is firm that the limited liability
	If Changing Registered Agent, Sic	rry<
	Page 1 of 3	A ID:

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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Change
			□ Add
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ective date, if other than the date of	filing: Life and connect be prior to date of filing or more than 9	(optional) 0 days after filing.) Pursuant to 605,020
te: If the date inserted in this block does	s not meet the applicable statutory filing requires	(optional) 0 days after filing.) Pursuant to 605,020 ments, this date will not be listed as
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to: If the date inserted in this block does current's effective date on the Departmen record specifies a delayed effect	s not meet the applicable statutory filing required to of State's records. Since date, but not an effective time, at	ments, this date will not be listed as
to: If the date inserted in this block does current's effective date on the Department record specifies a delayed effect the 90th day after the record is f	s not meet the applicable statutory filing required to of State's records. Since date, but not an effective time, at	ments, this date will not be listed as
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record specifies a delayed effect the 90th day after the record is f	s not meet the applicable statutory filing requirement of State's records. Live date, but not an effective time, at filed. 2015 Of a member or authorized representative of a memorial cities.	nents, this date will not be listed as 12:01 a.m. on the earlier or