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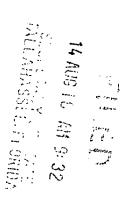
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COVER LETTER

Registration Section TO: **Division of Corporations** FORTE DEL MARMI, 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: E. Stephen May, FRP Name of Person Shapiro, Blasi, Wasserman, et al. Firm/Company 7777 Glades Road, Suite 400 Address Boca Raton, FL 33434 City/State and Zip Code samarmor@sbwlawfirm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Steve May Name of Person Enclosed is a check for the following amount:

MAILING ADDRESS:

■ \$30.00 Filing Fee &

Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

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

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORTE DEL MARMI, LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our records la Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on August 14, 20	14 and assigned
Florida document number L14000128052	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
FORTE DEI MARMI, LLC		
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		4 AUS
Enter new mailing address, if applicable:		ज्ञा, क
(Mailing address MAY BE A POST OFFICE BOX)		95 CO FEE
D If amonding the resistant and and and		
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>lress here</u> :	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
New Registered Agent's Signature, if changing Registers	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 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Add
			□ Remove
			□ Add
			Remove
			Add
			□ Remove
			□ Add
			☐ Remove
	,		□ Remove

If ame	ending any other information, enter change(s) here: (Attach additional sheets	s, if necessary.)
_		
-		
_		
Effecti	ive date if other than the date of filing:	_ (optional)
the date	ective date, if other than the date of filing: continued to the continu	90 days after
the date	ective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than e this document is filed by the Florida Department of State) August 15 Loudh A. Mannot	90 days after
the date	August 15 Lette A, Mayor	90 days after
the date	e this document is filed by the Florida Department of State)	90 days after

Page 3 of 3

Filing Fee: \$25.00

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