## L14000134304

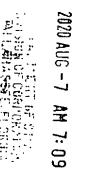
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| (Cit                    | ry/State/Zip/Phone # | <del>/</del> ) |
| PICK-UP                 | ☐ WAIT               | MAIL           |
| (Bu                     | siness Entity Name   | <del>))</del>  |
| (Do                     | cument Number)       |                |
| Certified Copies        | _ Certificates o     | of Status      |
| Special Instructions to | Filing Officer:      | _              |
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## **COVER LETTER**

|                    | gistration So<br>vision of Cor |   |   |   |
|--------------------|--------------------------------|---|---|---|
| SUBJECT:           | Sheltair Oc                    | ala, I.1.C                                      |   | •   |
| SOBJECT.           | _                              | Name of Lin                                     | tited Liability Company   | <del></del>   |
| The enclosed       | d Articles of                  | Amendment and fee(s) are sub                    | omitted for filing.   |   |
| Please return      | n all correspo                 | indence concerning this matter                  | to the following:   |   |
|                    |                                | Dena Auletto                                    |   |   |
|                    |                                |   | Name of Person  | <del></del> _   |
|                    |                                | Saavedra-Goodwin                                |   |   |
|                    |                                | u <del></del>                                   | Firm/Company  | •   |
|                    |                                | 312 S.E. 17th Street, 2nd I                     | Floor   |   |
|                    |                                | _ <del></del>                                   | Address   |   |
|                    |                                | Fort Lauderdale, FL 33310                       | 5   |   |
|                    |                                |   | City/State and Zip Code   |   |
|                    |                                | dauletto@saavlaw.com                            |   |   |
|                    |                                | E-mail address: (                               | to be used for future annual report no                              | tification)   |
| For further is     | nformation c                   | oncerning this matter, please c                 | all:  |   |
| Dena Aulett        | to                             |   | 954 767-6333  |   |
|                    | Name of                        | f Person  | Area Code Daytir  | ne Telephone Number   |
| Enclosed is a      | a check for th                 | e following amount:                             |   |   |
| <b>■</b> \$25.00 I | Filing Fee                     | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                    | iling Addres                   |   | Street Address:   |   |
|                    | gistration S<br>vision of C    | orporations                                     | Registration Se<br>Division of Co                                   |   |
|                    | ). Box 632                     |   | The Centre of   | •   |
| Tal                | llahassee, F                   | FL 32314  |   | oc Street, Suite 810  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Sheltair Ocala, LLC

(Name of the Limited Liability Company as it now appears on our records )

| (A Florid:   | a Limited Liability Company)            | mour recorder,             | 大型 宝                  |
|--|---|----------------------------|-----------------------|
| The Articles of Organization for this Limited Liability C  | Company were filed on $\frac{08/27}{1}$ | //2014                     | and assigned          |
| Florida document number L14000134304   |   |                            |                       |
| This amendment is submitted to amend the following:  |   |                            |                       |
| A. If amending name, enter the new name of the lim   | ited liability company here             | :                          |                       |
| The new name must be distinguishable and contain the words "Lim  | nited Liability Company," the design    | gnation "LLC" or the a     | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |   |                            |                       |
| (Principal office address MUST BE A STREET ADDI  | RESS)                                   |                            |                       |
|  |   |                            |                       |
| Enter new mailing address, if applicable:  |   |                            |                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |   | _                          |                       |
|  | <del></del>                             |                            |                       |
| D. If amonding the projection of the second second   | 1 00 11                                 |                            |                       |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | a office address on our reco            | ords, <u>enter the nar</u> | ne of the new registe |
|  |   |                            |                       |
| Name of New Registered Agent:  | <del>-</del>                            |                            | <u></u> _             |
| New Registered Office Address:   |   |                            |                       |
|  | Enter Florida                           | street address             |                       |
|  | <u> </u>                                | Florida                    | Zip Code              |
| N. B. C. La de St. C.  |   |                            | Zip Code              |
| New Registered Agent's Signature, if changing Registered   | <del></del>                             |                            |                       |
| I hereby accept the appointment as registered agent.   | and agree to act in this car            | weine I further a          | man to committe with  |

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 = Authorized Member

| <u>Title</u> | <u>Name</u>        | <u>Address</u>            | Type of Action |
|--------------|--------------------|---------------------------|----------------|
| COO          | Warren D. Kroeppel | 4860 N.E. 12th Avenue     |                |
|              |                    | Fort Lauderdale, FL 33334 | <b>=</b> n     |
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|                               |   |                                   |   |   |  |   |
| (If an effective Note: If the | date, if other than the date date is listed, the date must be date inserted in this blocks effective date on the Department | e specific and c<br>c does not me | cannot be prior to da<br>cet the applicable | te of filing or more tha<br>statutory filing requ | (optional)<br>n 90 days after filing.) Pur<br>irements, this date will | suant to 605.0207 (3)<br>not be listed as the |
| he record sp<br>ord is filed. | ecifies a delayed effective d   | ate, but not a                    | in effective time,                          | nt 12:01 a.m. on the                              | earlier of: (b) The 90   | th day after the                              |
| Dated                         | august  | 5                                 | 2020  |   |  |   |
|                               | HerreM  | Halle                             | nel   |   |  |   |
|                               | - Si  | gnature of a me                   | ember or authorized                         | representative of a m                             | ember  | -   |
|                               |   |                                   |   |   |  |   |

Filing Fee: \$25.00