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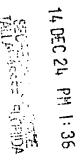
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 1726 Sarazew Place, 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:
Coursine R Biello JR
Pinn/Company
1726 Sarazen Place
Maples FL 34120
City/State and Zip Code C bie D D O MAIL COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Co-rmine Biello JR. at (
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L. 14000/b0347</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limited Liab. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1726 Sarkzen Place Naples, FL 34120
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1726 Sarazen Place Naples, FL 34120
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: New Registered Office Address: 1786	Scrazen Place Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City, Florida 34120 Zip Code

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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Type of Action **Title** <u>Name</u> Address MGR CARMINE R. BIELLO JR 2200 North Commerce Parkway Suite 200 ☐ Remove MGR 2200 North Commerce Parkway Suite 200 Alfredo Arguelles □ Add Remove ☐ Remove □ Add ☐ Remove

If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
The effective	date, if other than the date of filing:
Dated	December 16.2014
	The second
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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