

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H190003481973)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BURR & FORMAN LLP

Account Number : I19990000278 Phone : (407)540-6600 Fax Number : (407)540-6601

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THISTLEWOOD KISSIMMEE I, LLC

Certificate of Status	U
Certified Copy	0
Page Count	0#
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		70	11 tel -2 1- 3 42
Thistlewood Kissimmee I, LLC	311.1.10	and or it many property on one	records \
(Name of the Limit	(A Florida Limited I	ny as it now appears on our i Liability Company)	
he Articles of Organization for this Limited Li lorida document number [.14000172471		were filed on November 5	and assigned
his amendment is submitted to amend the follo			
If amending name, enter the new name of		ility company here:	
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11 Perseverance Street	
		Mt. Pleasant, SC 29464	
Inter new mailing address, if applicable:		11 Percenteration Street	
Enter new mailing address, it applicable: (Mailing address MAY BE A POST OFFICE BOX)		Mt. Pleasant, SC 29464	
3. If amending the registered agent and/or r agent and/or the new registered office addre	registered office ss here:	address on our records,	enter the name of the new regis
Name of New Registered Agent:			
New Registered Office Address:	540 Shepherd		
New Registered VIII. of Address.	Ente: Florida street address		address
	Winter Park		, Florida ³²⁷⁸⁹
		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.

Page 5 of 6 To.

> 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>	Address	Type of Action
			Remove
			□Change
			□Remove
			Change
<u></u>		· / /	□Add
			[]Remove
			☐ Change
		/	<u> </u>
			[]Remove
			Change
	<u> </u>		
			Remove
			☐ Change
	<u> </u>		□Add
			□Remove
	-		Change

14075409523 From: Anthony Justice

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signer