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Florida Department of State Division of Corporations

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SEAGRASS VILLAGE DEVELOPER, LLC

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T. HAMPTON

No. 5287 P. 2/4 (((H14000274377 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SEAGRASS VILLAGE DEVEL				2
(Name of the Limited 1.5	ability Company halt no orida Limited Liability Co	ompany)	- 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
The Articles of Organization for this Limited Liabili	ty Company were file	d on NOVEMBER 13,	2014 and assigned	
Florida document number L14000176186	 .			
This amendment is submitted to amend the following	g;		8: 23 STATE FLORIE	,
A. If amending name, enter the new name of the	limited liability com	pany here:		
The new name must be distinguishable and with the words	s "Limited Liability Comp	any," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A)	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	2			
B. If amending the registered agent and/or registered agent and/or the new registered office		ress on our records, en	ter the name of the no	<u> </u>
Name of New Registered Agent:				
New Registered Office Address:				
	E	Enter Florida street addr e ss		
		, Florida		
New Panistavad Avent's Signature II changing Badis	City		Zių Code	
IVESV LEGISTORAL AUPOR'S NITHORIUS II CHÓMÓMO DAGIS	TOTAL AUGILT!			

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 unsending the Managers or Authorized Member on our records, enter the fifts, name, and address of each Manager or Authorized Member heing added or removed from our records;

MGR = M AMBR = A	Janagor Authorized Member		
Title	Name	Address	Type of Action
MBR	JEFFREY SHARKEY	1105 KENSINGTON PARK DRIVE	
		SUITE 200	□ Remove
		ALTAMONTE SPRINGS, FL 32714	
			Remove
			D Add
			Remove
			[] Atili
			□ Remove
			Add 255 Periode
			8. 7. 2. 2. Add 2. Remove

. If amending any other information, enter change(s) here: (Attach	addinonui sheets, if necessary.
Effective date, if other than the date of filing:	(Optional)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional)
the date this document is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
the date this document is filed by the Florida. Department of State)	(optional) cannot be more than 90 days after
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State) Dated NOVEMBER 25 Signature of a member or anthorized representation of State (State) Signature of a member or anthorized representation of State (State)	Jus

Page 3 of 3

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