LIH 000177066

| (Requestor's Name) |
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Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

| SUBJECT: | STRANDEI | O ON LAND, LLC | | | | | |
|----------------------|---|----------------------------------|---------------------------------|---------------------|--|--|--|
| SOBJECT: | | Name of Lim | ited Liability Company | | | | |
| The enclosed | Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | | |
| Please return | all correspor | ndence concerning this matter | to the following: | | | | |
| | | Christopher A. DiSchino, l | Esq. | | | | |
| | | | Name of Person | | | | |
| | | DiSchino & Schamy, PLL | С | | | | |
| | Articles of Amendment and fee(s) are submitted for filing. all correspondence concerning this matter to the following: Christopher A. DiSchino, Esq. Name of Person DiSchino & Schamy, PLLC Firm/Company 1080 NE 92nd Street Address Miami Shores, FL 33138 City/State and Zip Code admin@dsmiami.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: DiSchino Name of Person Area Code Daytime Telephone Number check for the following amount. siling Fee Certificate of Status Certified Copy (additional copy is enclosed) Street Address: pistration Section Street Address: Registration Section | | | | | | |
| | | 1080 NE 92nd Street | | | | | |
| | Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing return all correspondence concerning this matter to the following: Christopher A. DiSchino, Esq. Name of Person DiSchino & Schamy, PLLC Firm/Company 1080 NE 92nd Street Address Miami Shores, FL 33138 City/State and Zip Code admin@dsmiami.com E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: opher DiSchino Name of Person Area Code Daytime Telephone Number ed is a check for the following amount. 5.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Street Address: | | | | | | |
| | | Miami Shores, FL 33138 | | | | | |
| | | City/State and Zip Code | | | | | |
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| | | E-mail address: (| to be used for future annual re | eport notification) | | | |
| For further in | formation co | oncerning this matter, please co | all: | | | | |
| Christopher I | DiSchino | | | -581 <i>-</i> 2542 | | | |
| | Name of | Person | | Daytime Telephon | c Number | | |
| Enclosed is a | check for th | e following amount. | | | | | |
| ■ \$2 5.00 Fi | ling Fee | | Certified Copy | osed) | Certificate of Status & Certified Copy | | |
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The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRANDED ON LAND, LLC

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

| The Articles of Organization for this Limited Liability Company | were filed on 11/14/201 | 4 and assigned |
|---|------------------------------|---------------------------------------|
| Florida document number L14000177066 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabi | lity company here: | |
| SELF STUDY, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation | on "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Island dualess MAT DE ATTOM OF THE DOM | | |
| | | · · · · |
| B. If amending the registered agent and/or registered office a | ddress on our records | enter the name of the new registered |
| agent and/or the new registered office address here: | | |
| | | |
| Name of New Registered Agent: | | |
| V D / 1007 111 | | |
| New Registered Office Address: | Enter Florida stree | et address |
| | | |
| | City | , Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| INCH INCESSION ARCHI S SIGNATURE, IL CHAURING INCRISTER ARCHIT. | | |

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 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

| Title | <u>Name</u> | Address | Type of Action |
|-------------|-------------|---------|----------------|
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| Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bloodcument's effective date on the Defective date on the Defective date. | ock does not meet: | the applicable sta | of filing or more than 9 tutory filing require | (optional) 0 days after filing.) Pursuan ments, this date will not | t to 605.0207 be listed as |
| e record specifies a delayed effectiv rd is filed. | e date, but not an e | ffective time, at 1 | 2:01 a.m. on the ea | rlier of: (b) The 90th da | ay after the |
| Dated November 21 | | 020 | | | |
| Dated | | | | | |
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Filing Fee: \$25.00