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SUBJE		Seven Oal	ks Capital, LLC		·
SUBJEV	C1;		Name of Lim	ited Liability Company	
The encl	losed	Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn	all corresp	ondence concerning this matter	to the following:	
			Emily Hicks		
				Name of Person	
				Firm/Company	
	12443 San Jose Blvd., Suite 703		i Pec		
				Address	
Jacksonville, FL 32223					· · · · · · · · · · · · · · · · · · ·
			emily@maplewoodhomebu		fication)
		F	E-mail address: (to be used for future annual report noti	fication)
For furth	ner in	formation	concerning this matter, please co	all:	·
Emily F	licks			904 566-3309	··
Name of Person Area Co			of Person	Area Code Daytim	e Telephone Number
Enclosed	d is a	check for	the following amount:		
\$25.	.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
. •		Regis Divisi P.O. F	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	Clifton Building	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seven Oaks Capital, LLC	
(Name of the Limited Liab (A Flori	pility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 1/14/15 and assigned
Florida document number L15000008378	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
Maplewood Home Buyers, LLC	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
	3 P.
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of the new</u> ldress here:
Name of New Registered Agent:	
New Registered Office Address:	
•	Enter Florida street address
, 	, Florida
	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.

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** _□ Add □ Remove □ Change □ Add ☐ Remove _□ Change □ Change □ Add 🗭 _□ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove

☐ Change

					
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Effective date, if other than the (If an effective date is listed, the date monotone). If the date inserted in this bedocument's effective date on the I	ist be specific and cannot be prolock does not meet the app	licable statutory filing	(optional) re than 90 days after filing.) Pursi requirements, this date will n	uant to 605.020 tot be listed a	07 (3)(b as the
the record specifies a delaye) The 90th day after the re		not an effective ti	ne, at 12:01 a.m. on th	ne earlier (of:
1 1		·			
Dated 3/30/17	Signature of a member or a				

Page 3 of 3

Filing Fee: \$25.00