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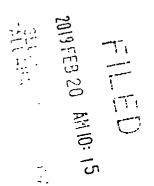
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I ALBRITTON

COVER LETTER

Divi	ision of Corpo	orations			
SUBJECT:	Gator Danvill	le, LLC			
Seboner.		Name of Limit	ed Liability Company		
The enclosed	Articles of A	mendment and fee(s) are subm	itted for filing.		
Please return	all correspond	dence concerning this matter to	the following:		
		Erika Wilson			
		······································	Name of Person		_
		Gator Investments			
			Firm/Company		_
		7850 NW 146th Street, 4th 1	Floor		
			Address		
		Miami Lakes, FL 33016			
			City/State and Zip Code		_
		ewilson@gatorinv.com			
		E-mail address: (to	be used for future annual re	port notification)	
For further in	iformation con	occrning this matter, please cal	l:		
Erika Wilson	n		305 949- at ()	-9049,#118	
	Name of F	erson	Area Code	Daytime Telephone Numb	er
Enclosed is a	check for the	following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific (Sed) Certific	ate of Status &

MAILING ADDRESS: Registration Section Division of Corporations

TO:

Registration Section

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

2019 FEB 20 AH 10:15

Gator Danville, 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 Con	npany were filed on Febru	iary 16, 2015	and assigned
Florida document number L15000028960			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here	:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE.	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Indiang dadress man me and of the boar			
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		our records, <u>ente</u>	r the name of the ne
•			
Name of New Registered Agent:	··-		
New Registered Office Address:			
The state of the s	Enter Florida	i 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = N $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Change
			Remove
			☐ Change
			Remove
			☐ Change
	 	- · · · · · · · · · · · · · · · · · · ·	
			Remove
			□ Change
			□ Remove
			□ Change
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			Character (Character)

"Art	icle VII. The	e term of th	e limited lia	ibility com	pany shall	be perpetua	l."			
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an effectiv <u>ote:</u> If th	date, if other we date is listed the date insert is effective da	l, the date mu ted in this b	ist be specific lock does n	and cannot of the	be prior to d applicable				filmg.) Pursi	
	d specifies th day afte				out not a	n effectiv	e time, a	t 12:01 a	ı.m. on tl	ne earlier (
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Filing Fee: \$25.00