No. 0115 P. 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number: 076666002273 Phone : (904)398-3911 : (904)396-0663 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLAIRE AUTREY REAL ESTATE, LLC

| Certificate of Status | |
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| Certified Copy | 0 |
| Page Count | 03 |
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Electronic Filing Menu

Corporate Filing Menu

J. Stellyers MAY 05 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Claire Autrey Real Estate, LLC | | | | |
|--|---|-------------------|------------------|-------------|
| (<u>Name of the Limited Liability (</u> (A Florida Li | ompany as it now appears on our recordenited Liability Company) | <u>.</u> | | |
| The Articles of Organization for this Limited Liability Com- | pany were filed on March 17, 2015 | 81 | nd assig | med |
| Florida document number L15000047366 | | | J | , |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | I Bability company here: | | | |
| Claire Autrey, LLC | | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the designation "LLC" | or the abbreviati | ou "L.L. | Ċ." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES | <u>(S)</u> | | 15 | |
| | | 골됬 | 7 | <u> </u> |
| | | 32 | < 1 | j mry tr |
| Enter new mailing address, if applicable: | | 27.77 | - - - | (TEE |
| (Mailing address MAY BE A POST OFFICE BOX) | | | Ħ | |
| | | | <u> </u> | f) |
| | , | | 5 | |
| B. If amending the registered agent and/or registere registered agent and/or the new registered office address | ed office address on our records, | enter the na | ame of | the ne |
| | 1101 (| | | |
| Name of New Registered Agent: | | <u></u> | | |
| New Registered Office Address: | • | | | - |
| TOW REPRIETED OFFICE PRINTESS. | Enter Florida street address | | | |
| | Rlai | , Florids | | |
| | City | | Code | |
| New Registered Agent's Signature, if changing Registered Ag | ent: | | | |

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 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 | Name | Address | Type of Action |
|-------------|---------------|---|----------------|
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| Effective date, if other than the date of filing: | (optional);· | 5 0207 (3) |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records. | nts, this date will not be list | ted as the |
| the record specifies a delayed effective date, but not an effective time, at 12) The 90th day after the record is filed. | 2:01 a.m. on the earli | er of: |
| Dated May 4th, 2015 | | |
| Claire Sutrey | | |
| Signature of a member or authorized representative of a member | | |
| Claire Autrey | | |

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Filing Fee: \$25.00