LI SOOGIASY

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | ddress) | |
| (Ac | ddress) | |
| (C | ity/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nar | me) |
| (D | ocument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TQ: Registration S Division of Co | | | |
|-----------------------------------|--|---|--|
| CUPIECE | VECTOR REA | ALTY OF DESTIN LLC | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | RYAN WALLACE | | |
| | | Name of Person | |
| | VECTOR REALTY OF D | ESTIN LLC | |
| | | Firm/Company | |
| | 15000 EMERALD COAS | T PKWY | |
| | | Address | |
| | DESTIN, FL 32541 | | |
| | · · · | City/State and Zip Code | |
| | rwallace@silvershells.com | | *************************************** |
| | E-mail address: (| to be used for future annual report notific | ation) |
| For further information | concerning this matter, please c | all: | ation) ASSUBERANA |
| JIM KOU | JTSKY | 850 337-5174 at () | A55 29 |
| Name Enclosed is a check for the | of Person the following amount: | | Telephone Number |
| □ \$25.00 Filing 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) |

MAILING ADDRESS:

Registration Section Division of Corporations 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

| VECTOR REALTY OF | DESTIN LLC | | | | |
|---|-------------------------------------|--------------------|--------------|--------------------|-------------|
| (Name of the Limited Liability Company (A Florida Limited Liab | as it now appear pility Company) | s on our records. | .) | | |
| The Articles of Organization for this Limited Liability Company we | ere filed on | 04/17/2015 | | _ and ass | igned |
| Florida document numberL15000067654 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, <u>enter the new name of the limited liabilit</u> | y company he | ere: | | | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," the d | esignation "LLC" | or the abbre | viation "L. | L.C." |
| Enter new principal offices address, if applicable: | | | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | | | |
| _ | | | | | |
| Enter new mailing address, if applicable: | | | 77 YU 133 | 2016 | |
| Mailing address MAY BE A POST OFFICE BOX) | | | | <u> </u> | 13 |
| Maning universimal BE A POST OFFICE BOA | | | <u> </u> | <u>~~</u> | - PAPERTON |
| - | | | 79 H | | |
| B. If amending the registered agent and/or registered offic | e address on | our records, | entër the | e <u>name</u> | |
| registered agent and/or the new registered office address here: | | | | 1. 2 | - |
| | | | 30 | क | |
| Name of New Registered Agent: | | | | | |
| New Registered Office Address: | | | | | |
| | Enter Flor | ida street address | | | |
| | | , Flo | rida | | |
| | 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> | Address | Type of Action |
|--------------|----------------|-------------------------|-------------------|
| AMBR | ANITA WILLIAMS | 127 HARBOR BLVD | Add |
| | | DESTIN, FL 32541 | ■ Remove |
| | | | ☐ Change |
| AMBR | JAMES ADDUCI | 4201 INDIAN BAYOU TRAIL | Add |
| | | #2417, DESTIN FL 32541 | ☐ Remove |
| | | | □ Change |
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| ffective date, if oth | er than the date of d, the date must be spo | of filing: | | | | (optional) | | |

Page 3 of 3

Filing Fee: \$25.00