Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CRICHTON MULLINGS & ASSOCIATES PA

Account Number : 120070000038

Phone

: (954)862-2250

Fax Number

: (954)862-2251

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

johnmefarlane 2@ amail. com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN RING TAIL LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

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T MAMPTON

Aug. 10. 2015 10:17AM . CrichMullinsLES OF AMENDMENT TO

No. 000370 P. 21466 3

ARTICLES OF ORGANIZATION OF

RING TAIL LL	G .
(Name of the Limited Liability Company as (A Florida Limited Liabili	it now appears on our records.) y Company)
The Articles of Organization for this Limited Liability Company were Florida document number L15000068605	filed on APRIL 20, 2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability of	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	As 5
(Principal office address MUST BE A STREET ADDRESS)	Se a Ti
***	7万 7
	The E
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	97 29
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	, Florida
	Tty 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 anAug. 10. 2015:110:17AMon(s) CrichMullinsnanage, enter the title, name, and address oNo. 0003:rso P. 3ing added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
D	IAN MCFARLANE	4690 WINGED FOOT CT UNIT 10	
		NAPLES, FL 34112	■ Remove
			Change
D	JOHN MCFARLANE	4690 WINGED FOOT CT UNIT 10	= Add
		NAPLES, FL 34112	☐ Remove
			Change
			Remove
			Change
			□ Add
			Remove
			SECULDARY TO A Remove FT
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record specifies a delayed The 90th day after the rec			an effective (ime, at 12:01	a.m. on th	ne ear	lier of:
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ed AUGUST 10		2015	<u>.</u> .		CRE LAH	AUG	3 (
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	Signature of a	member or author	ized representative	of a member	200	AN	m
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