LIS00011026

Office Use Only



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D. SCOTT NOV 9 2016

COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: <u>SAIL</u>	FISH REACTY C Name of Lim	OMMERCIAL LLC ited Liability Company	<u> </u>	
The enclosed Articles of Art	nendment and fee(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	DONA	Name of Person		
	SAILFISH	READTY COMMERCIAL Firm/Company	ИС	
	101 SE 066	AN BLVA Address		
	STUARG	FL 34994 City/State and Zip Code		
-	JONMAC: E-mail address: (@ SAILFISH REALTY . Co to be used for future annual report noti	M fication)	SECR
For further information conc	erning this matter, please ca	all:		NOV -7 AM SRETARY OF S LAHASSEE, FI
BONALD O	MACINTOSET		9-3489	
Name of Pe	rrson	Area Code Daytim	e Telephone Number	AH 11: 20 OF STATE OF LORIDA
Enclosed is a check for the f	ollowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

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

SAILFISH REPUTY CO	morcial LL	C
(Name of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	on our records,)
The Articles of Organization for this Limited Liability Co		<u>5-13-2015</u> and assigned
Florida document number 1048662	<u>.</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the do	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		SECON TO
B. If amending the registered agent and/or registered agent and/or the new registered office add	tered office address on	
		FE STATE
Name of New Registered Agent:		——————————————————————————————————————
New Registered Office Address:	Enter Flor	da street address
	LAUCE PROFI	on or the most that
	City	, Florida Zip Code
New Designation Agent's Signature if showing Designation	1 44.	

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 **Address** Type of Action <u>Title</u> Name ICI SÉ OCEAN ZLUS STUART FZ 34984 MGR DOWALL D. MACINTOSH ☐ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove □ Change □ Add ☐ Remove

☐ Change

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fective date, if	f other than the date o	of filing:			(optional))		
an effective date is ote: If the date	s listed, the date must be spe inserted in this block do	cific and cannot be es not meet the	prior to date of fi applicable statute	ling or more than 90 ory filing requirem	days after filing ents, this date	̞,) Pursuar ⇒ will not	nt to 605 be list	5.02 ed
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Filing Fee: \$25.00