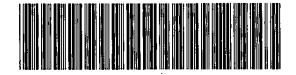
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COVER LETTER

	Registration Section Division of Corporations
SUBJEC	T:
The enclo	sed Articles of Amendment and fee(s) are submitted for filing.
Please ret	urn all correspondence concerning this matter to the following:
	Yourna mice Will Esq. Name of Person
	20801 BISCAYNE BIVD. STE 306 Firm/Company
	Aventure, Fl 33180
	Aventula, A 33180 City/State and Zip Code
	Yanna & Mcultal Law. com E-mail address: (to be used for future annual report notification)
For further	er information concerning this matter, please call:
_4	Name of Person at (205) 150 - 1061 Name of Person Area Code Daytime Telephone Number
Enclosed	is a check for the following amount:
\$25.0	0 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$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

TO ARTICLES OF ORGANIZATION OF

	wood Estates, L	LC	
(Name of the Limited 1.) (A F	iability Company as it now appears or lorida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liabil Florida document number <u>LI 50000 9 11</u>		22)15 and assign	ned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C	
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) B. If amending the registered agent and/or a registered agent and/or the new registered office	registered office address on o	ur records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	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

or removed from our records: MGR = Manager AMBR = Authorized Member **Address** <u>Title</u> **Name** Type of Action 19950 W. COUNTY CLUB dr. 4900 ADRONAUSCOMPABAULA STESSONG caboloir Domel Elias MOR Aventura, 4 33180 ☐ Remove ☐ Change Cababie Doniel 2006 ham 19850 W. Country Club dr MOR _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove

□ Change

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an effe lote:	ve date, if other than the date of filing:	ing.) Pursuan	t to 605.02 be listed
e rec The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r 90th day after the record is filed.	n. on the	earlier
ated .	1/6/16		
	Signature of a member or authorized representative of a member		

Page 3 of 3

Filing Fee: \$25.00