L15000111389

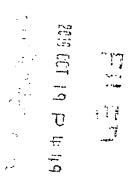
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Denise Sabol Name of Person Harco Island Properties LLC Firm/Company 950 N. Collier Boulevard St. 430 Address Marco Island, FL 34145 City/State and Zip Code Asab. 11 00 march in the second St.
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call: Dluise, Sabol at 30 b26-4727
	Name of Person at (32) Area Code Daytime Telephone Number
Enclos	red is a check for the following amount:
\$2	5.00 Filing Fee Scertificate of Status Scertified Copy (additional copy is enclosed) \$ \$30.00 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

Harco Isla	ud Properties LLC
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L15000111389</u> .	vere filed on(\(\begin{aligned} \lambda
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	950 N. Collier Boylevard Ste 430 Marco + 3 land FC 34145
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	950 N. Collier Boulevard Ste 430 Harco Island, Fc 34145
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	000
New Registered Office Address:	Enter Florida street address
	, FloridaZip Code
	City 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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
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Affective date, if other than the date of filing:	(option	nal)	
f an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	ng or more than 90 days after f y filing requirements, this	iling.) Pur date will	suant to 605.020 not be listed a
e record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.	m. on	the earlier o
Dated October 14, 2016.			
Signature of a member of authorized representation	ntative of a member		
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Page 3 of 3

Filing Fee: \$25.00