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AUG : 3 2015 T. **HAMPTON**

COVER LETTER

TO:		tration Section of Corpor			
SUBJE	CT:	C RAGAS	FLORDIN	HOMES LLC	- LISCO0125086
	_		Name of Lin	nited Liability Company	
			endment and fee(s) are sub	-	
		-	TERRY	M. Christia Name of Person	n)
		-	<i>0</i> 00 Ju	Firm/Company	
		-	"TO NW	S 2 s + Address	
		-	<u>M</u>	City/State and Zip Code U 15 @ AOL . CO. (to be used for future annual rep	3127
For furth	her info	rmation conce	rning this matter, please c		,
				at (<u>786</u>) 2	Daytime Telephone Number
Enclosed	d is a ch	neck for the fo	llowing amount:		,
□ \$25.	.00 Filii	ng Fee 💆	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company (A Florida Limited Lia	Home as it now app ibility Compan	ears on our record	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company we Florida document numberL15000125086	ere filed on	7/22/15	and assigned
This amendment is submitted to amend the following:			
**A. If amending name, enter the new name of the limited liability FLORIDIAN INVESTI The new name must be distinguishable and contain the words "Limited Liability	MENT -	TRUST L	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	<u> </u>	SLNE	TALLES JE TO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	SAME	31 PH 2: 10 ASSEE, FLORIDE
B. If amending the registered agent and/or registered office address here:	ce address	on our record	s, enter the name of the new
Name of New Registered Agent:	SAME		
New Registered Office Address:	Enter F	lorida street addres	SS
	City	, Fl	orida 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.

N/A SAME Im Mon TELLY M.

Trichanging Registered Agent, Signature of New Registered Agent Christian

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 = A	uthorized Member		
<u>Title</u>	Name I SAME	Address	Type of Action
	N/A SAME		_□ Add
	ı		_□ Remove
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