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| PICK-UP | ☐ WAIT | MAIL. | | | |
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COVER LETTER

| TO: Registration Second | ction porations | # . # * | |
|-----------------------------|---|---|-------------------------|
| | | | |
| SUBJECT: | Division of Corporations Sandalwood Real Estate Ventures, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. see return all correspondence concerning this matter to the following: Susan L. King, Esq. Name of Person Miller King LLC Firm/Company PO Box 906 Address Tully, NY 13159 City/State and Zip Code susan.king@millerking.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: an L. King Name of Person Name of Person Area Code Daytime Telephone Number losed is a check for the following amount: \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy Certified Copy | | |
| The enclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | Susan L. King, Esq. | | |
| | | Name of Person | |
| | Miller King LLC | | |
| | | Firm/Company | |
| | PO Box 906 | | |
| | | Address | |
| | Tully, NY 13159 | | |
| | | City/State and Zip Code | |
| | | | |
| | E-mail address: (| to be used for future annual report notific | cation) |
| For further information co | oncerning this matter, please ca | all: | |
| Susan L. King | | | |
| Name of | f Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for th | e following amount: | | |
| □ \$25.00 Filing Fee | | Certified Copy | Certificate 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

| Sandalwood Real Estate Ventures | , LLC | | | | | |
|---|---|---|-----------------------------------|--|--|--|
| (Name of the Lim | nited Liability Compa (A Florida Limited I | ny as it now appears on our rec Liability Company) | cords.) | | | |
| The Articles of Organization for this Limited | Liability Company | were filed on August 27, 20 | and assigned | | | |
| Florida document number L15000147151 | <u> </u> | | | | | |
| This amendment is submitted to amend the following | llowing: | | | | | |
| A. If amending name, enter the new name | of the limited liab | ility company here: | | | | |
| Sandalwood Studios, LLC | | | | | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation " | LLC" or the abbreviation "L.L.C." | | | |
| Enter new principal offices address, if applicable: | | 7299 Stonegate Drive, Naples, FL 34109 | | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | E BOX) | 7299 Stonegate Drive, Nap | les, FL 34109 | | | |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | | | ords, enter the name of the | | | |
| New Registered Office Address: | 7299 Stonegate | Drive | SSS | | | |
| New Registered Office Address. | | Enter Florida street ad | dress CC P | | | |
| | Naples | _ | Florida 34109 9 | | | |
| | | City | ZID Code | | | |
| New Registered Agent's Signature, if changing | Registered Agent: | | 517 | | | |

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

| MGR = | Manager | • ` |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ffective date, if other than the dan effective date is listed, the date must bote: If the date inserted in this blococument's effective date on the Dep | k does not meet the | e applicable | ate of filing or statutory fili | more than 90 day ng requirement | (optional) s after filing.) F s, this date w | oursuant ill not b | to 605.0 se listed |
| e record specifies a delayed of The 90th day after the reco | effective date, l d is filed. | but not a | n effective | time, at 12: | :01 a.m. o | n the | earlie |
| November 9 | 201: | 5 | | | | | |
| ated November 9 Jurnkke | , | | | | | | |

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Filing Fee: \$25.00