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COVER LETTER

	stration Sect			
	Vernon Hill F	Reserve LLC		
SUBJECT:	<u></u>	Name of Limited	Liability Company	
		nendment and fee(s) are submit	_	
Please return	an correspond	ence concerning this matter to t	ine following:	
		Craig L Mowrey		
	•		Name of Person	
		Vernon Hill Reserve LLC		
			Firm/Company	
		500 SE 17th Street, Suite 226		
			Address	
		Fort Lauderdale, FL 33021		
			City/State and Zip Code	
		craig.mowrey@gmail.com	<u></u>	
		v " .	e used for future annual report notificati	SECRETION T
For further in		cerning this matter, please call:	हो। अनेन का रहा देने आहेर -	
Craig L Mow	rey		305 318-0547	ASSA 29
	Name of P	erson		ephone Number, 77
Enclosed is a	check for the	following amount:	:	55 52
■ \$25.00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
ser allandi	Registrati Division P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vernon Hill Reserve LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on October 19, 2015	and assigned
Florida document number L15000177109		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, enss here:	9. S
Name of New Registered Agent:		N
New Registered Office Address:	Enter Florida street address	
·	, Florida	1
	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

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Jaynie L Smith	3100 Bermwood Ln, Hollywood, F	■ Add
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(If an el Note:	tive date, if other than ffective date is listed, the date If the date inserted in the nent's effective date on t	e must be specific an nis block does not	nd cannot be prior t meet the applica	o date of filing or m	ore than 90 days af	tional) ter filing.) F his date w	ursuant to	605.0207 (listed as t
	cord specifies a dela e 90th day after the			an effective t	ime, at 12:01	. a.m. oi	n the ea	arlier of:
	October	24	, 20/5	_·				
Dated	· <u></u>							
Dated	October Care	2						

Page 3 of 3

Filing Fee: \$25.00