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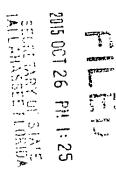
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Special Instructions to	Filing Officer:	





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OCT 27 2015 J. HARRIS

COVER'LETTER

Div	ision of Corp	orations		,	
SUBJECT:	LINTON BO	OULEVARD LLC			
SUBJECT.		Name of Limi	ted Liability Company		
The enclosed	l Articles of A	Amendment and fee(s) are subr	nitted for filing.		
Please return	all correspor	ndence concerning this matter t	to the following:		
		STELLIE OTT			
			Name of Person		
		HOPE TRUST			
Firm/Company					
875 MILITARY TRAIL, SUITE 200					
			Address		
		JUPITER, FL 33458			
			City/State and Zip Code		
		STELLIE.OTT@GMAIL.C			
		·	to be used for future annual report notifi	cation)	
For further in	nformation co	oncerning this matter, please ca	all:		
TRACEY O			at () 354-2867 Area Code Daytime		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for the	e following amount:			
■ \$25.00 F	Filing 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)	

MAILING ADDRESS:

TO:

Registration Section

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

LINTON BOULEVARD LLC (Name of the Limite	ed Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		-	
The Articles of Organization for this Limited Liability Company were filed on 10/20/2015 Florida document number L15000179718			and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and contain the w	ords "Limited Liability	Company," the designation "LLC" or the			
Enter new principal offices address, if applications	able:		<u> > ∞ </u>	<u></u>	
(Principal office address MUST BE A STREE	T ADDRESS)				
			- 1-		
Enter new mailing address, if applicable:			TIC: -	D CORPOR	
(Mailing address MAY BE A POST OFFICE BOX)			S 14 50	3	
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:	HOPE TRUST	ce address on our records, <u>en</u>	ter the nan	ne of the new	
New Registered Office Address:	6/3 WILLIARI	Entar Florida street address			

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.

City

JUPITER

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
MGR	URAN LIMITED	875 MILITARY TRAIL, STE 200	
		JUPITER, FL 33458	■ Remove
			Change
MGR	HOPE TRUST	875 MILITARY TRAIL, STE 200	
		JUPITER, FL 33458	Remove
		·	Change
			🗖 Add
			☐ Remove
			Change
			Add
			Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet	t the applicable	ate of filing or more statutory filing re	(option than 90 days after fil equirements, this d	al) ing.) Pursuant (ate will not b	to 605.0207 e listed as
ne record specifies a delayed The 90th day after the reco		e, but not ar	n effective tim	e, at 12:01 a .r		
					Z SE	2015 2015
October 23		2015			7.7	0CT

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00