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SÉCRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER ,

TO:	Registration S Division of Co			
CUDI	Live Oak ECT:	1379, LLC		
SUBJ	LC1:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please	e return all corresp	ondence concerning this matter	to the following:	
		Leonard Knight		
			Name of Person	
			Firm/Company	
		111 North Roscoe Blvd.		
			Address	
		Ponte Vedra Beach, FL 32	082-3209	
			City/State and Zip Code	
		lknight@pvclubrealty.com E-mail address: (to be used for future annual report notific	cation)
For tu	orther information	concerning this matter, please ca	all:	
D. Ra	andall Briley		904 285-5299 at ()	
	Name	of Person	at ()	Telephone Number
Enclo	sed is a check for	the following amount:		
= \$2	25.00 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:
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

Live Oak 1379, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/23/2015 and assigned Florida document number L15000197415 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Paim Valley Investors, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter 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.

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		
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Filing Fee: \$25.00