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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | filing Officer: | |
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TALLAHASSE, ELORIDA

JAN 22 2016

S. YOUNG

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|-------------|
| SUBJECT: PROPERTY BAY AREA 54 LLC Name of Limited Liability Company | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| DAVID SURETTE Name of Person | |
| PROPERTY BAY AREA 54 LLC Firm/Company | g 16 |
| 9355 113TH STREET, 7903 | TILM. |
| SEMINOLE FL 33.772 City/State and Zip Code: | |
| E-mail address: (to be used for future annual report notification) | इंसे ज |
| For further information concerning this matter, please call: | |
| DAVID SURETTE at (727) 287 - 8425 Name of Person Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$30.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) | itus & |
| MAILING ADDRESS: STREET/COURIER ADDRESS: | |

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

STREET/COURIER ADDRI Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limited Liability (A Florida Li | Company as it now appea | irs on our records.) | <u>.</u> |
|---|---|---|--|
| The Articles of Organization for this Limited Liability Con Florida document number <u>L1600007940</u> | npany were filed on | 1 1 . | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limite | d liability company h | <u>ere</u> : | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the | designation "LLC" or the a | abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | 7× 5 |
| (Principal office address MUST BE A STREET ADDRE. | ss) | | <u> [5] </u> |
| | / | · | 至 2 |
| | new mailing address, if applicable: | | |
| Enter new mailing address, if applicable: | | | P W |
| (Mailing address MAY BE A POST OFFICE BOX) | | | <u>Ω</u> |
| | | | 5-111 on |
| | | n our records, enter | r the name of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter Flo | orida street address | |
| | | , Florida _ | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Registered Agent's Signature, if changing Registered | Agent: | | |
| I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and come accept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change. | nplete performance o nt as provided for in | f my duties, and I am Chapter 605, F.S. Oi | familiar with and r. if this document is |
| | If Changing Registered A | Agent, Signature of New 1 | 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 | DAVID SURETTE | 9355 113TH STREET | Add |
| | | 7903 | □ Remove |
| | | SEMINOLE, FL 33772 | ♥ Change |
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| ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filir | ng or more than 90 | (optional) days after filing.) |) Pursuar | nt to 60: |
| e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records. | | | | |
| union serietive date on the Department of State's records. | | | | |
| record specifies a delayed effective date, but not an effect | tive time, at | 12:01 a.m. (| on the | earli |
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Filing Fee: \$25.00