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JAN 04 2017 S. YOUNG TALLIZHASCECT FOLIO

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Name of Limited	INM Properties	Lic
The enclosed Articles of Amendment and fee(s) are submi	itted for filing.	
Please return all correspondence concerning this matter to	the following:	
STEUEN BUTINU BOOD N.O BIVIERA STEUE. AN	Name of Person UMPREMIUM Firm/Company CEAD DR. Address BEACH 72 City/State and Zip Code Oenson 74566	Son Properties 10A 3404 = 1
For further information concerning this matter, please call:	be used for future annual report notification)	M 8: 02
Name of Person Enclosed is a check for the following amount:	at (CO) CO CO CO CO CO CO CO	<u>e7 </u>
\$25.00 Filing Fee Sand 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

CONTINUUM	trem	UUM	tra	Denti	es	uC
(Name of the Limited) (A	Liability Compar Florida Limited L	ny as it now apper iability Company)	ars on our re	cords.)		
The Articles of Organization for this Limited Liab Florida document number	ility Company	were filed on _	٨	-2016	_ and assi	gned
This amendment is submitted to amend the follow	ing:					
A. If amending name, enter the new name of the		- .				
The new name must be distinguishable and contain the word	ls "Limited Liabili	ity Company," the	designation "	'LLC" or the abbrev	viation "L.L	.C."
Enter new principal offices address, if applicable	le:					
(Principal office address MUST BE A STREET	ADDRESS)	NA	•	•		7200
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>	NA			7 JAN -3 AH	707
B. If amending the registered agent and/or	registered of	fice address o	n our rec	ords, enter the	e name o	of the new
registered agent and/or the new registered offic						T CHIC HOL
Name of New Registered Agent:	NA					
New Registered Office Address:		Enter Flo	orida street aa	ddress		
-		Cit		, Florida	2: C !	
		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

Type of Action TENRY R ANDERSON BOOON OCCURN DRIOA _D Add PIVIERA BEACHS _□ Change MGA. JERROLD ECKLUND 1333SW 43rDPLACE XADD BISHWELL & 33513 □ Remove □ Add □ Remove က္ ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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Effectiv	re date, if other than the date of filing: 12-29-2016 (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not b	to 605.0 pe listed	207 (3 as th
an effe lote: I	nt's effective date on the Department of State's records.		
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Page 3 of 3

Filing Fee: \$25.00