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SECRETARY OF STATE
TALLAHASSEZ, BLORIDA

FEB 0 9 2016

S. YOUNG

COVER LETTER

Div	ision of Corp	porations				
	WILSON T	OWERS PROPERTIES, LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	ndence concerning this matter	to the following:			
		DAVID A. DUNKIN				
			Name of Person			
		DUNKIN & SHIRLEY, P.	A.			
		·-··	Firm/Company			
		170 W DEARBORN STRI	EET		SE 5	
			Address	حال	FEB .	_
		ENGLEWOOD			1 00	Ī
			City/State and Zip Code		200	(
		A1@DSLAWFL.COM	to be used for future annual report notifi	cation) G	- <u>ω</u> - ω	
For further in	nformation co	oncerning this matter, please ca	·		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	(
DAVID A. I	DUNKIN		941 474-7753			
	Name of	Person		Telephone Number		
Enclosed is a	check for th	e following amount:				
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 50 \$60.00 Filing Certificate of Certified Co (additional cop	of Status &	
		NG ADDRESS:	STREET/COURIE			

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

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILSON TOWERS PROPERTIES, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	 _
The Articles of Organization for this Limited Liability Co Florida document number L16000023142	ompany were filed on FEBRUARY 02, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADDR	ESS)	···
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		FEB PL HID STATE of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	
	, Florida	
	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	ROBERT W. WILSON	1547 RAPHIS ROYALE ENGLEV	■ Add
			□ Remove
			Change
			Add
			☐ Remove
			□ Change
<u></u>			16 46 SECONETI TALL/NEW
			Remove Change
			RANGE CONTRACTOR AND ADDRESS OF
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fective date, if other than the date must be dated, the date must be	specific and	cannot be pr	rior to date	of filing or r	nore than 90	(optio days after :	filing.) Pur	suant to	605.020
ote: If the date inserted in this block	does not n	neet the app	olicable sta	tutory fili	ng requirer	nents, this	date will	not be	listed a
ocument's effective date on the Depa	rtment of S	tate's recor	as.						
record specifies a delayed e The 90th day after the record			not an e	ffective	time, at	12:01 a	.m. on t	the ea	irlier (
FEBRUARY 5		2016							
	11	4							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00