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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLADASSEE, FLORIDA

FEB 2 5 2016 S. YOUNG

TO:

Registration Section

Division of Cor	-			
SUBJECT: TROY 888				
	Name of Lim	ited Liability Company		
The section of the delegant	A 1 C 1 C (2)			
	Amendment and fee(s) are sub-	_		
Please return all correspo	ndence concerning this matter	to the following:		
•	AMY BARNARD			
		Name of Person		
	UNICORP NATIONAL D	EVELOPMENTS, INC.		
	 	Firm/Company		VITE SECTION
	7940 VIA DELLAGIO W	AY, SUITE 200		五元 日
		Address		24
	ORLANDO, FLORIDA 32	2819		DE STATE
		City/State and Zip Code		
	AMYB@UNICORPUSA.C	COM to be used for future annual report notif	(icotion)	क्र∗् क
For further information c	oncerning this matter, please ca		incution)	
AMY BARNARD		407 999-9985		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Protection should for d	C. Harrison amounts			
Enclosed is a check for the	□ \$30.00 Filing Fee &	# \$55.00 Eiling Egg &	□ \$ 60.00 Fil	ing Fee
□ \$25.00 Filing Fee	Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificat Certified	e of Status &
	ING ADDRESS:	STREET/COURI		
	ration Section on of Corporations	Registration Section Division of Corpor		
P.O. B	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROY 888, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Clorida document number L16000029021.	were filed on FEBRUARY 10, 2016	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	- 1	2 ii o
		計画 田 中
		2 F
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	-	
		100 C
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		er the name of the ne
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
MGR	CW FAMILY, LLLP	7940 Via Dellagio Way, Suite 200	Add
		Suite 200	■ Remove
		Orlando, Florida 32819	Change
MGR	CHARLES WHITTALL	7940 Via Dellagio Way	_ = Add
		Suite 200	Remove
		Orlando, Florida 32819	
			TSE 6 □ Add
			Rêmove.
			□ Remove
			□ Change
		***	□ Remove
			Change
			Remove
			□ Change

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E. Effective date, if other than the date of filing:	·	—	
			
			
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fective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to cote: If the date inserted in this block does not meet the applicable	date of filing or more than 90 da e statutory filing requiremen	(optional) ys after filing.) Pursuant to	o 605.02
record specifies a delayed effective date, but not a The 90th day after the record is filed.	in effective time, at 12	2:01 a.m. on the e	arlier
ited February 23			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00