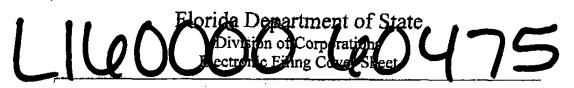
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ROBERT LEE SHAPIRO, P.A.

Account Number : I19990000101

Phone Fax Number : (561)691-0059

: (561)691-0066

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: ecolton@rlshapirolaw.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 5063 NAUTICA LAKE CI, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

5063 Nautica Lake CI, LLC				
(Name of the Limited Lia (A Fig.	hility Company as it now appears on our records.) unda Limited Liability Company)			
The Articles of Organization for this Limited Liability	y Company were filed on March 28, 2016	and assigned		
Florida document number L16000060475	·			
This amendment is submitted to amend the following	Ç.			
A. If amending name, enter the new name of the l	imited liability company here:			
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD	DRESS)			
•				
		25 B		
Enter new mailing address, if applicable:		min		
(Mailing address MAY BE A POST OFFICE BOX)	-			
		OR L		
		Om Oi >-		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a	-	ter the name of the new		
registered agent and/or the new registered office a	uuress nere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
****	, Florida	· · · · · · · · · · · · · · · · · · ·		
Nam Daginana Annala Cinnana Spikania Dagin	City	Zip Code		
New Registered Agent's Signature, if changing Registe	TEU AYEUG			

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

Page 1 of 3

(((H16000103158 3)))

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	Rheda Fader	1 Olympic Pl, Towson, MD 21204	
			☐ Remove
			☐ Change
AMBR	Kathleen Brown	1 Olympic Pl, Towson, MD 21204	
			Remove
			□ Change
MGR	Brian Fader	1 Olympic Pl, Towson, MD 21204	
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
AMBR	Scon Fader	I Olympic Pl, Towson, MD 21204	Add
			■ Remove
			□ Change
			Add
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neceve and is named, the date:	s block does not meet the applicable	statutory filing requirem	days after filing.) Pursuant to 605.(ents, this date will not be listed
t me me nacreca m m	b Department of State's records.		
ment's effective date on the			
ment's effective date on the	/ed effective date, but not ar	ı effective time. at 1	.2:01 a.m. on the earlier
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ment's effective date on the ecord specifies a delay e 90th day after the r	yed effective date, but not ar record is filed. 2016	n effective time, at 1	.2:01 a.m. on the earlier
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