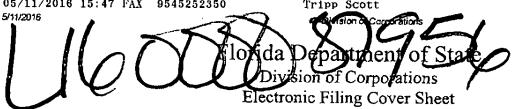
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(((H16000117204 3)))



H160001172043ABCW

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

CBY Account Name

: TRIPP SCOTT, P.A.

Account Number: 075350000065

: (954)525-7500

Fax Number : (954)761-8475

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

Email Address: CBVE 1RIPPSCOTT, COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLUE PINE OWL, LLC

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MAY 12 2016

S. YOUNG

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H16000117204 3

BLUE PINE OWL, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on MAY 4, 2016 and assigned  Florida document number L16000087956
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:
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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

H160001172043

MCK=	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	THOMAS GLANFIELD JR.	455 NE 5TH STREET, SUITE D34	4 
		DELRAY BEACH, FL 33483	C Remove
MGR	THOMAS J GLANFIELD	455 NE 5TH STREET, SUITE D344	 <b>1</b> [] Add
		DELRAY BEACH, FL 33483	☑ Remove
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	7 <sup>,</sup> ) H16000117204 3
	<del></del>
Effective date, if other than the date of filing:  The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	· )
Dated MAY 11 , 2016 .	
ando	
Signature of a member or authorized representative of a member	·
Signature of a member or authorized representative of a member  IAN LIS, AUTHORIZED PERSON  Typed or printed name of signee	16 HAY

Page 3 of 3

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