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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
Certified Copies Certificates of Status		s of Status
Special Instructions to	Filing Officer:	
		





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SECRETARY OF STATE

MAY 25 2006 D. BRUCE

COVER LETTER

TO: Registration Se Division of Cor			
	Investors, LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	Alicia Spina		
		Name of Person	
	Osceola Management, Inc.		
		Firm/Company	
	101 Park Place Blvd. Suite	3	
	-	Address	
	Kissimmee FL 34741		
	-	City/State and Zip Code	
	sheran@schoolfieldproperti		
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	. .
Alicia Spina		407 847 3099 at ()	SECR H
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Fing 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

Deep Blue Investors, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L16000091682		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ter the name of the nev
	<u> </u>	2018
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	22
	*	
	, Florida City	ZIP Code
New Registered Agent's Signature, if changing Registered Agen	<u>it:</u>	

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	Cheryl Schoolfield	101 Park Place Blvd. Suite 3	Add		
		Kissimmee FL 34741	□ Remove		
			Change		
			Add		
			□ Remove		
			Change		
			Add		
			□ Remove		
			☐ Change		
			Add Add ACCA : ARemove		
			ASSE G Changer		
			Change		
			Remove		
			☐ Change		

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if new	cessary	7.)		
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(If an eff Note:	ive date, if other than the date of filing:	er filing.) Pursua	nt to 605.0 t be listed	0207 (3 d as th
	cord specifies a delayed effective date, but not an effective time, at 12:01 90th day after the record is filed.	a.m.	on the	e earlie	r of:
Dated	May 19, 2016.				
	Signature of a member or authorized representative of a member				
	Kevin SchoolField Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00