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ECRETARY OF STATE SLAHASSEE, FLORIDA.

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COVER LETTER

TO: Registration Se Division of Cor			
4714 SE 4tl	PL, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Stephen C. Eastham	•	•
	***************************************	Name of Person	
		Firm/Company	
	865 Birdie View Pointe		
		Address	
	Sanibel, FL 33957		
		City/State and Zip Code	
	steve@easthamgroup.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information of	oncerning this matter, please ca	all:	
Theresa Knower		239 333-1031 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing 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

4714 SE 4th PL, LLC					
(Name of the Limit	d Liability Compa A Florida Limited	nny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Li Florida document number L16000097337 This amendment is submitted to amend the following the control of th	·•	were filed on <u>5/18/2016</u>	284 DF STATE		
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		865 Birdie View Pointe			
(Principal office address MUST BE A STREE		Sanibel, FL 33957			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		865 Birdie View Pointe Sanibel, FL 33957			
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:		<u>re</u> :	enter the name of the new		
	865 Birdic Vic	v Pointe	<u></u>		
New Registered Office Address:	OOD BILLIO VIC	Enter Florida street address			
	Sanibel	. Flor	ida ³³⁹⁵⁷		
		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>	<u>Address</u>	Type of Action
MGRM	1031 Reverse Exchange Company,	1520 Royal Palm Sq. Blvd #320	Add
		Fort Myers, FL 33919	■ Remove
		-	Change
MGRM	Stephen C. Eastham	865 Birdie View Pointe	
		Sanibel, FL 33957	
		-	Change
			
		ememory to common construction and the construction of the constru	🗆 Remove
			Change
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			□ Change
Print and the second			
		LAHASSEE	☐ Remove ☐ Change
		FLORIDA	Remove Change

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Filing Fee: \$25.00