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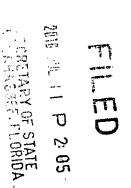
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COVER LETTER

Division	of Corp	orations		
TU: SUBJECT:	LEMAR	LOT 36B LLC		
30bace 1		Name of Lim	ited Liability Company	
The enclosed Arti	icles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all c	orrespon	dence concerning this matter	to the following:	
		GLEN FERGUSON		
			Name of Person	
		GSF GROUP LLC		
			Firm/Company	
		433 PLAZA REAL, STE 3	51	
			Address	
		BOCA RATON, FL 33432	:	
			City/State and Zip Code	
		GSFGROUP@ME.COM		
		E-mail address: (1	o be used for future annual report no	tification)
For further inforn	nation cor	ncerning this matter, please ca	all:	
GLEN FERGUS	ON		561 990-5000 at ()	
	Name of I	Person	Area Code Daytii	me Telephone Number
Enclosed is a chec	ck for the	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:

TO:

Registration Section

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**

TULEMAR LOT 36B LLC		
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we lorida document number $\frac{L16000120300}{L16000120300}$.	vere filed on JUNE 22, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	,	
Principal office address MUST BE A STREET ADDRESS)		्रिक्ष स्थाप स्थाप स्थाप स्थाप
	4	123
		RAY OF D
Enter new mailing address, if applicable:		0
Mailing address MAY BE A POST OFFICE BOX)		2: 0 = 0
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		the name of th
egistered agent and/or the new registered office address here:		the name of th
Name of New Registered Agent:		the name of th
Name of New Registered Agent:		the name of the

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
MGR	R-STARR HOLDINGS 401k TRU!	433 PLAZA REAL, STE 351	Add
		BOCA RATON, FL 33432	■ Remove
			Change
MGR	GLEN FERGUSON	433 PLAZA REAL, STE 351	■ Add
		BOCA RATON, FL 33432	□ Remove
		☐ Change	
			Add
			□ Remove
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tive date, if other than the date of ffective date is listed, the date must be spec	f filing:	or more than 90 days a	ptional) ifter filing.) Pursua	nt to 605.0
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	nt of State's records.			
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Filing Fee: \$25.00