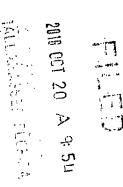
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## SUNSHINE CORPORATE FILING OF FLORIDA INC.

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724 SUNSHINECORPORATE2014@GMAIL.COM

Date: 10-20-16	•••
ENTITY NAME:	
**PLEASE FILE THE ATTACHED AND RETURN:**  Plain Copy  Certified Copy  **PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTHY:**  Document Number:  Certified Copy of Arts & Amendments  Certificate of Good Standing  **APOSTILLE'/NOTARIAL CERTIFICATION:**  COUNTRY OF DESTINATION  NUMBER OF CERTIFICATES REQUESTED	
**PLEASE FILE THE ATTACHED AND RE	TURN:**
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NUMBER OF CERTIFICATES REQUESTED	
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TOTAL AMOUNT OWED: 55	
CHECK NUMBER: 2976	
PLEASE CONTACT TINA AT 850-508-1891 FOR ANY PROBLEMS OR INFORMATI	ON ON THIS MATTER.
Thank you!	
Tina Goff, President	the same of

## **COVER LETTER**

TO: Registration Sec Division of Corp			
	911 MOORING CIR, LLC  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  asse return all correspondence concerning this matter to the following:  Michael A. Smeader. Esq.  Name of Person  Barclay Damon, LLP  Firm/Company  200 Delaware Avenue, Suite 1200		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Michael A. Smeader, Esq.		
		Name of Person	
	Barclay Damon, LLP		
		Firm/Company	
	200 Delaware Avenue, Sui	te 1200	
		Address	
	Buffalo, New York 14202		
		City/State and Zip Code	
	msmeader@barclaydamon.c	com o be used for future annual report notification	20)
For further information co	oncerning this matter, please ca	•	···
Michael A. Smeader. Esq	•	716 858-3838	•
Name of	Person	at () Area Code Daytime Tele	ephone Number
			·
Enclosed is a check for th	e following amount:		7 2
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

911 MOORING CIR, LLC					
Name of the Limit	ed Linbility Compa (A Florida Limited )	ny as it now appears on our re Liability Company)	cords.)		
The Articles of Organization for this Limited Li Florida document number L16000136843	ability Company	were filed on July 21, 2010	3 and	i assigne	<b>d</b>
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviatio	n "L.L.C."	
Enter new principal offices address, if applic	able:	911 Mooring Circle			
(Principal office address MUST BE A STREET ADDR		Tampa, Florida 33602	377	2	
				E75	
				-1	
Enter new mailing address, if applicable:		911 Mooring Circle		2	<del></del> ,.
(Mailing address MAY BE A POST OFFICE	BOX)	Tampa, Florida 33602	* * * * * * * * * * * * * * * * * * * *	<del>- }-</del>	<u> </u>
			,	<del></del>	
m ve v o. land .and		CC	. j:		<b>.</b>
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the n</u> s	me or t	ne new
Name of New Registered Agent:	Louis C. Dom	mer III	·		
New Registered Office Address:	19113 Centre	Rose Blvd			
	<del> </del>	Enter Florida street o	nddresz		
	Lutz		_, Florida <u>33558</u>		
		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>	Address	Type of Action
MGR	Richard W. Lally	907 Seddon Cove Way	Add
		Tampa, Florida 33602	■ Remove
			☐ Change
AMBR	Richard W. Lally	907 Seddon Cove Way	Add
		Tampa, Florida 33602	□ Remove
	,		☐ Change
			Add
			□ Remove
			☐ Change
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 Effectiv	e date, if other than the	date of filing:			(0	ptional)	_	<b></b>
Note: I	ctive date is listed, the date muss f the date inserted in this ble nt's effective date on the De	ck does not mee	nnot be prior to at the applicab	CERTS OF HIRE OF	more than 90 days : ng requirements,	uter filing.) Pu this date wil	rsuant to 6 I not be li	05.0207 ( sted as ti
	ord specifies a delayed	effective dat	te, but not	an effective	time, at 12:0	1 a.m. on	the ear	ller of:
ne reco	90th day after the rec	•••						
The 9	90th day after the rec October <u>19</u>		2016	.•				
The 9	90th day after the rec	Signapare of a me	Cly	zod representati			·····	

Page 3 of 3

Filing Fee: \$25.00