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COVER LETTER

TO: Registration S Division of Co		
CN Poinci SUBJECT:	ana, LLC	
SUBJECT:	Name of Limited Liability Compan	ıy
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspond	ondence concerning this matter to the following:	
	Elysia M Tucci	
	Name of Perso	n
	RMC Property Group	
	Firm/Company	y
	8902 N Dale Mabry Hwy, Ste 200	
	Address	
	Tampa, FL 33614	
	City/State and Zip t	Code
• •	etucci@rmcpg.com	
	E-mail address: (to be used for future a	nnual report notification)
For further information of	concerning this matter, please call:	
Elysia M Tucci	813 at (960-8154 x255
Name o	of Person Area Code	Daytime 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 Certified Cop (additional copy)	py Certificate of Status &

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

CN Poinciana, LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	t now appears on our records.) y Company)	_
The Articles of Organization for this Limited Liability Company were	filed on and and	d assigned
Florida document number L16000145929		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
ARCHER & 23RD, LLC		
The new name must be distinguishable and contain the words "Limited Liability Con	-	
Enter new principal offices address, if applicable:		267
Principal office address MUST BE A STREET ADDRESS)	शति । स्रोति ।	<u> </u>
		a F
	المال المالية) M
Enter new mailing address, if applicable:	STA Z	
Mailing address MAY BE A POST OFFICE BOX)	JDA SU	<u>!</u>
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our records, enter the nai	ne of th
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
Ci	ty Zip Co	ode

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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				d name of signee		THE TO	$-\pi$
	H. Robert Egg	Signatu leston, III, Mana	V 3	rized representative	oi a member	WELVEN TO	1
						221	
Dated	anuary 11		, 2017				
the reco) The 9	ord specifies a 90th day after	delayed effect the record is	tive date, but not filed.	an effective ti	me, at 12:01	a.m. on the	e earlier of:
Note: 11 documer	f the date inserted nt's effective date	in this block doe on the Departme	es not meet the applica ent of State's records.	ible statutory filing	; requirements, t	his date will no	t be listed as th
(If an effec	tive date is listed, th	than the date one date must be spec	cific and cannot be prior	to date of filing or mo	re than 90 days at	otional) der filing.) Pursua	ant to 605.0207 (3
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Filing Fee: \$25.00