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| | | CERTIFIED COPY | | |
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| | | CUS | | |
| | 团 | FILING | Amendment | |
| 1. | | FLRE Naples LLC (CORPORATE NAME AND DOCUMENT #) | | |
| 2. | | | | |
| 3. | | (CORPORATE NAME AND DOCUMENT #) | | TALLAND |
| 4. | | (CORPORATE NAME AND DOCUMENT #) | | NAY OF S |
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| 6. | | (CORPORATE NAME AND DOCUMENT #) | | |
| | ECIA STRU | L ICTIONS: | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FLRE NAPLES, LLC | | | |
|---|---|---------------------------------------|----------------|
| (Name of the Limited Lia (A Flo | bility Company as it now appears on our records.) orda Limited Liability Company) | | |
| The Articles of Organization for this Limited Liabilit Florida document number £16000147339 | y Company were filed on 08:08/2016 | and assign | ned |
| This amendment is submitted to amend the following | g: | | |
| A. If amending name, enter the new name of the | limited liability company here: | | |
| The new name must be distinguishable and contain the words " | Limited Liability Company," the designation "LLC" or the abbre | viation "L.L.C | 1 41 |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET AD | DDRESS) | · · · · · · · · · · · · · · · · · · · | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 5 ∞ ; | |
| B. If amending the registered agent and/or re | egistered office address on our records, enter the | | |
| registered agent and/or the new registered office a | address here: | 17250 | 19 - - |
| Name of New Registered Agent: | | 동 | |
| New Registered Office Address: | Enter Florida street address | | 27 |
| <u>-</u> _ | , Florida | | |
| | 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> | Name | Address | Type of Action |
|--------------|-------------------|------------------------------|----------------|
| AR | Jeff Novatt, Esq. | 1415 Panther Lane, Suite 327 | Add |
| | | Naples, FL 34109 | Remove |
| | | | ☐ Change |
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| o. If amending any other into ma | tion, enter change(s) here: (Attach additional sheets, if necessary.) | |
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| E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the De | e date of filing: | nt e 605:0207/73 (b) the listed as the |
| If the record specifies a delayed (b) The 90th day after the record | d effective date, but not an effective time, at $12:01\ a.m.$ on the cord is filed. | earlier of: |
| Dated August 19 | 2016 | |
| | Signature of a member or authorized representative of a member | |
| Jeff Novant Esq., Author | orized Representative | |
| | Typed or printed name of signee | |

Page 3 of 3

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