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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PAVESE LAW FIRM Account Number : I20130000057

Phone : (239)334-2195

Fax Number : (239)332-2243

\*\*Enter the email address for this business entity to be used for future: annual report mailings. Enter only one email address please.\*\*

Email Address: Scott @ allan Development qua

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L		were filed on 8/16/2016	and assigned
This amendment is submitted to amend the following	owing:		🏎
A. If amending name, enter the new name of			SECRE TALL
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
The new name must be distinguishable and contain the words "Limited Liabit Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		1031 Aqua Lane	
		Fort Myers, FL 33919	SET SET SET
		1031 Aqua Lane  Fort Myers, FL 33919  address on our records, enter the name of the new registered	
Name of New Registered Agent:	Scott Allan		
New Registered Office Address:	1031 Aqua Lai		
	Enter Florida sweet uddress		
	Fort Myers	City	, Florida 33919 Zip Code
		•	<b>L.p.</b> C
New Registered Agent's Signature, if changing			
I hereby accept the appointment as register provisions of all statutes relative to the pro-	red agent and ag per and complet	e performance of my aut	y. I further agree to comply with the ies, 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

## 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

Title	<u>Name</u>	Address	Type of Action
MGR	Scott Allan	1031 Aqua Lane	🖪 Add
		Fort Myers, FL 33919	□Remove
			□ Change
MGR	David W. Kienzle	5424 Shearwater Drive	□Add
		Sanibel, FL 33957	■Remove
			Change SEC
			SECRETARY OF SEA
			で VD Changes A A A C
			PATE DAdd
			Remove
			Change
			□Add
			□Remove
			□ Change
			DAdd
		<u> </u>	□Remove
			□ Change

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	TAT I
(If on c Note	December 13, 2019 (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to the December 13, 2019.
docu	nent's effective date on the Department of State's records.
ne reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
	December 13 2019
Date	
	Signature of a member or authorized representative of a member
	, and the second