

L16000163113

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(City/State/Zip/Phone #)

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2016 SEP 26 P 2:27
TALLAHASSEE, FLORIDA

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D. BRUCE
SEP 27 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunbelt Real Estate Capital, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dana Bushong
Name of Person

Sunbelt Real Estate Capital, LLC
Firm/Company

3129 Springbank Lane, Suite 200
Address

Charlotte, NC 28226
City/State and Zip Code

dbushong@wflandfund.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Bushong at 704 295-4626
Name of Person Area Code Daytime Telephone Number

Enclosed is a check 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:
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

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FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SUBHEIT REAL ESTATE CAPITAL LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08-30-2016 and assigned Florida document number L16000163113.

This amendment is submitted to amend the following:

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 abbreviation "L.L.C."

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)

FILED
2016 SEP 26 PM 2:21
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

WILLIAM G. ALLEN

New Registered Office Address:

5150 TAMiami TRLN. Suite 403

Enter Florida street address

NAPLES

City

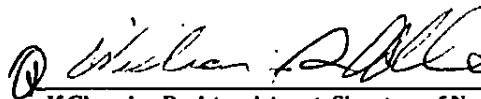
Florida

34103

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>	<u>Address</u>	<u>Type of Action</u>
MGR	William G. Allen	5150 TAMiami TRLN. #403 NAPLES, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Todd A. SHERMER	5150 TAMiami TRLN. #403 NAPLES, FL 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Kelly J MELENDEZ	5150 TAMiami TRLN #403 NAPLES, FL 34103	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MEMBER	ALLEN GST LEGACY TRUST U-A-D 08-17-2012	5150 TAMiami TRLN #403 NAPLES, FL 34103	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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26
2012
TALLAHASSEE, FLORIDA

2016 SEP 26 P 2 27
ALLAHABAD, U.P.

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ALLAHABAD, INDIA

(If an effective 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 (3)(b)

Dated 09-13, 2016

Signature of a member or authorized representative of a member

William G Allen
Typed or printed name of signer