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SECRETARY OF STATE

K SALY MAR 15 2018 RICHARD E. STRAUGHN
MARK G. TURNER
*DOUGLAS A. LOCKWOOD, III
MARIE STRAUGHN PRISCO
ALEXANDER M. LANDBACK

JACK STRAUGHN (1925-2000)

March 9, 2018

BOARD CEPTIFIED IN BUSINESS LITIGATION
BOARD CERTIFIED IN CIVIL TRIAL LAW

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: DUNDEE DEVELOPERS, LLC

Name Change to new name: Dundee Investors, LLC

Our File No.: 12997/0001

Dear Sir:

Enclosed for filing incident to the above corporation, please find an original and one (1) executed copy of the Articles of Amendment to Articles of Organization, relative to change of the name of the above company.

Also enclosed, is my firm's check in the total amount of \$55.00, which represents the \$25.009 filing fee, together with \$30.00 for a certified copy. Please forward the certified copy to me, in the enclosed stamped envelope.

Thank you for your assistance in this matter, Should you have any questions, please do not hesitate to contact me.

Sincerely yours.

STRAUGHN & TURNER, P.A.

nesson

MARK G. TURNER

MGT/djb

enclosures

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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18 MAR 12	
SECRETARY OF STATE	

		SECRETARY 1# 2:09
DU	INDEE DEVELOPERS, LLC	TALL SHOOT OF STATE
(Name of the Limited I	jability Company as it now appears on our record dorida Limited Liability Company)	SECRETARY OF STATE LANGUAGE FLORIDA
(,,,,	Samuel Samuel Samuel	,
The Articles of Organization for this Limited Liabi	lity Company were filed on September 2, 20	and assigned
Florida document numberL16000165476	·	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
DUN	DEE INVESTORS, LLC	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	LDDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u></u>	
	 .	
B. If amending the registered agent and/or	registered office address on our record	e enter the name of the no
registered agent and/or the new registered office	Q.	s, enter the name or the ne-
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	<u> </u>
-	City F	orida

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: FILED 18 MAR 12 PM 2:09 SECRETARY OF STATE TALL AMASSEE, FLORIDA MGR = Manager AMBR = Authorized Member Type of Action Title <u>Name</u> <u>Address</u>

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an effective date is listed, the date m lote: If the date inserted in this ocument's effective date on the	block does not meet	the applicabl	date of filing or mor e statutory filing	e than 90 days aft requirements, th	er filing.) Pursuant tis date will not b	to 605.020 be listed a
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Typed or printed name of signee

Filing Fee: \$25.00