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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Division of (| Corporations | | |
|---------------------------|--|---|--|
| SYLVA S ubject: | N SONGS, LLC | | |
| Country | Name of Lin | nited Liability Company | |
| The enclosed Articles | of Amendment and fee(s) are sub | omitted for filing. | • |
| Please return all corre | spondence concerning this matter | to the following: | |
| | TERRY NELSON | | |
| | | Name of Person | |
| | BARNES & THORNBUR | RG LLP | |
| | | Firm/Company | |
| | 225 S 6TH STREET, SUI | TE 2800 | |
| | · , · | Address | |
| | MINNEAPOLIS MN 554 | 002 | |
| | | City/State and Zip Code | |
| | Thomas.Siering@twoharbo | | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| for further informatio | n concerning this matter, please c | all: | |
| TERRY NELSON | | 612 367-8776 | |
| Nam | e of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check fo | r 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 Fec, 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ZOITMAR - 6 PM 3: 02

TALLAHASSEE. FLORIOA

SYLVAN SONGS, LLC

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

| This amendment is submitted to amend the follow | /ing: | | |
|--|--|--|--|
| A. If amending name, enter the new name of th | he limited lial | oility company here | ; |
| 5 / | | | |
| The new name must be distinguishable and contain the word | ds "Limited Liab | ility Company," the desi | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 4501 GULF SHORE BOULEVARD N. NO. 803 | |
| (Principal office address MUST BE A STREET) | ADDRESS) | NAPLES, FL 341 | 03 |
| | | | |
| Enter new mailing address, if applicable: | | 4501 GULF SHORE BOULEVARD N, NO. 803 | |
| | | NAPLES, FL 34103 | |
| (Mailing address MAY BE A POST OFFICE BO | <u>2X)</u> | NAFLES, FL 341 | 0.3 |
| B. If amending the registered agent and/or | registered o | ffice address on o | |
| B. If amending the registered agent and/or | registered o | ffice address on o | |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | registered o e address her | ffice address on o | ur records, enter the name of the ne |
| B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address: | registered of the address here | ffice address on o | on, No. 803 street address |
| B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent: New Registered Office Address: | registered o e address her | ffice address on o e: HORE BOULEVARI | on, No. 803 street address |
| New Registered Office Address: | registered of the registered o | ffice address on o e: HORE BOULEVARI Enter Florida City | ur records, enter the name of the ne |

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 = N | , | FILED 2017 MAR - 6 PM 3: 02 Type of Action | | | |
| <u>Title</u> | <u>Name</u> | Address SECHETARY OF STATE Add Address Address | <u>Action</u> | | |
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| fective date, if other than the | date of filing: (option | onal) |
| | t be specific and cannot be prior to date of filing or more than 90 days after ock does not meet the applicable statutory filing requirements, this | |
| cument's effective date on the D | epartment of State's records. | date will not be fisted as |
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| record specifies a delaye | d effective date, but not an effective time, at 12:01 a | .m. on the earlier of |
| The 90th day after the red | ord is filed. | |
| F.) 27 | 2015 | |
| ted February 27. | , 2017 | |
| tany. | • | |
| C-DIDO | Signature of a member or authorized representative of a member | |

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee