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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : THE FARR LAW FIRM Account Number : 103654001666 Phone : (941)639-1158 : (941)639-0028 Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Evall Address: gwilliamson Ofarr. Lom LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CIN-MAR PROPERTIES, LLC ö Certificate of Status 0 0 Certified Copy 04 Page Count Estimated Charge \$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on October 20, 2016 and assigned  Florida document number L16000193767  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 "LLC."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:	CIN-MAR PROPERTIES, LLC				
Florida document number L16000193767  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The 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 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:  New Registered Office Address:  Enter Florida street address  Enter Florida street address	( <u>Name of the Limited Liability Compa</u> (A Flonda Limited I	iny as it now appears on our re Liability Company)	scords.)	-	
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Enter Florida street address . Florida	Name of New Registered Agent:		·		
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City Florida Zip Code		Enter Florida street address			
City Zip Code		, Florida			
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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

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## H1900011/1817 3

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>	Address	Type of Action
MGR	GUFFEY, CYNTHIA	5455 Seaedge Drive Punta Gorda, FL 33950	
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on the	s block does no	ot meet the applies	able statutory filin	(option or than 90 days after g requirements, this	o <b>nal)</b> filing.) Pursuant s date will not b	to 605.0207 e listed as
- ne record specifies a dela The 90th day after the			t an effective t	dme, at 12:01 a	$a.m.$ on the $\epsilon$	earlier of
Dated May 17		2019				
	- AND STREET	-,	_			
	Signature of	f a member or autho	orized representative	of a member		<del></del>
			-			

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