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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ADAMS AND REESE LLP

Account Number: 076077001601

Phone : (504) 585-0392

Fax Number

: (504)584-9508

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN POINTE RESORT, LLC

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| Certified Copy | 1 |
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O SIMMONS JAN 23 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Fointe Resort, LLC | | | | |
|---|---|--|---|---------------------------------------|
| Name of the Limi | ted Liability Comp (A Florida Limited | env as it now appears of Liability Company) | our records.) | |
| The Articles of Organization for this Limited I | iability Company | were filed on Decen | nber 15, 2016 | and assigned |
| Florida document number L16000227138 | | | | |
| This amendment is submitted to amend the following | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | oility company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the desig | nation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applie | cable: | 10 Harbor Blvd. | | |
| (Principal office address MUST BE A STREET ADDRE | | Unit W-525 | | الم |
| | | Destin, FL 32541 | | |
| | | | | |
| iter new mailing address, if applicable: (ailing address MAY BEA POST OFFICE BOX) | | 1901 Manhattan Bl | vd | - 20 i |
| (Mailing address MAY BE A POST OFFICE | (Mailing address MAY BE A POST OFFICE BOX) | | 01 | |
| | | Harvey, LA 70058 | | |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: | Mice address her Robert J. Guid | <u>'è</u> : | | |
| New Registered Office Address: | 10 Harbor Blve | d. Unit W-52S | | |
| Men Reguleted Office Address. | | Enter Florida . | street address | |
| | Destin | | Florida ³²⁵ | 41 |
| | | City | | Zip Cods |
| New Registered Agent's Signature, if changing | Registered Agent: | į. | | |
| I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this | per and complete istered agent as j registered office | performance of my provided for in Cha | duties, and I am fa oter 605, F.S. Or, i | miliar with and f this document is |

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 | East Pass Prime Properties, LLC | 1901 Manhattan Blvd. | = Add |
| _ | | Building H, Suite 101 | □ Remove |
| | | Harvey, LA 70058 | □ Change |
| AMBR | East Pass Prime Development, LLC | 981 US Highway 98 East | |
| | | Suite 3-164 | ■ Remove |
| | | Destin, FL 32541 | □ Change |
| | | | □ Add |
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| ctive date, if other than the effective date is listed, the date must | date of filing: | | (optional) | |
| e: If the date inserted in this blo | ck does not meet the applica | ible statutory filing requ | n 90 days after filing.) Pu ilrements, this date wil | rsuant to 605.0201 I not be listed as |
| ument's effective date on the De | partment of State's records. | | | |
| record specifies a delayed | effective date, but not | an effective time, | at 12:01 a.m. on | the earlier o |
| ne 90th day after the reco | rd is filed. | | | |
| January 17 | 2017 | • | | |
| | | 70 | $\overline{}$ | |
| | Signature of a riember or autho | to Cylin | <u>ノ</u> | |
| | SUPPROTE OF STREPHOLDS OF SUIDA | rized fentasznialiye of a m | emper | |

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