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From:

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN EXPL GREAT WHITE, LLC

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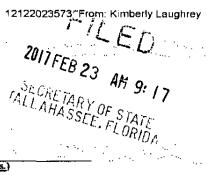
## **COVER LETTER**

EXPL Gree	at White, LLC				
SUBJECT:	Name of Lit	nited Liability Company			
mentional control of the control of					
	Amendment and fee(s) are sul				
Please return all correspo	ondence concerning this matter	r to the following:			
	Christine Dziak	••			
		Name of Person			
•••	Ulmer & Berne LLP				
	· · · · · · · · · · · · · · · · · · ·	Firm/Company		** ;	,
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Name of	f l'erson	Area Code Daytime	: Telephone Number	m <sub>aga</sub> ura-papap an <del>inta</del>	
Enclosed is a check for th	e following amount:	. %			
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STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF



I NAMED AT THE LIGHT OF A STATE OF THE PROPERTY OF THE PROPERT	omnuny as it now appears on our records \	
(A Florida Liv	ompany as it now appears on our records.) mited Liability Company)	
to the control of the control of the control of	Y-in-an 6 2017	
The Articles of Organization for this Limited Liability Com	pany were filed on 3anuary 6, 2017	and assigned
Florida document number L17000003984		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l Hability company here:	
EXPL Swordfish, LLC		
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 ADDRES	TS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	3	
		** * **
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B. If amending the registered agent and/or registered	ed office address on our records, e	nter the name of the ne
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	ed office address on our records, <u>e</u> s here:	nter the name of the ne
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B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:	ed office address on our records, <u>e</u> s here:	nter the name of the ne
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registered agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address  City	
New Registered Agent's Signature, if changing Registered Agent	Enter Florida street address  City  pent:	tàZip Code
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of	Enter Florida street address  Enter Florida street address  City  Pent:  I agree to act in this capacity. I furthe olete performance of my duties, and I t as provided for in Chapter 605, F.S.	t Zip Code  Zip Code  r agree to comply with th  am familiar with and  Or, if this document is
registered agent and/or the new registered office address  Name of New Registered Agent:	Enter Florida street address  Enter Florida street address  City  Pent:  I agree to act in this capacity. I furthe olete performance of my duties, and I t as provided for in Chapter 605, F.S.	t Zip Code  Zip Code  r agree to comply with the am familiar with and  Or, if this document is
Name of New Registered Agent:  New Registered Office Address:  New Registered Office Address:  New Registered Agent's Signature, if changing Registered As I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change:	Enter Florida street address  Enter Florida street address  City  Pent:  I agree to act in this capacity. I furthe olete performance of my duties, and I t as provided for in Chapter 605, F.S.	zip Code  Zip Code  r agree to comply with the am familiar with and Or, if this document is ie limited liability

Page 1 of 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>	Name	Address	Type of Action
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effective date is listed, th	o date must be specific	and cannot be prior to	date of filing or more	than 90 days after fill	ng.) Pursuant to 605,0207 (
ge; in the date inseried sument's effective date	on the Department	of State's records.	ole statutory tining h	equirements, this de	ato will not be listed as the
record specifies a	delayed effectiv	e date, but not	an effective tim	e, at 12:01 a.m	n on the earlier of:
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