## L17000031713

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SECRETARY OF STATE

COVERLETTER
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TO: Registration Section
Division of Corporations

SRG PLAN	TATION 3, LLC		
Sobject:	Name of Limi	ted Liability Company	
The constant Aminheen	\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	arional Contestion	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	LYNDA WATKINS		
		Name of Person	
	STILES		
		Firm/Company	
	301 E LAS OLAS BILVD		
		Address	
	FT. LAUDERDALE, FL 3	3301	
		City/State and Zip Code	
	LYNDA.WATKINS@STIL		<del>.</del>
	E-mail address: (t	o be used for future annual report no	otification)
For further information co	oncerning this matter, please ca	dl:	
LYNDA WATKINS		954 627-9350 at ( )	
Name of	Person		ime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. 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

SRG PLANTATION 3, LLC		
( <u>Name of the Limited Liability Con</u> ii (A Florida Limite	npany as it now appears on our reco ed Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 02/05/2017	and assigned
Florida document number L17000031743		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		LAZ SE TI
(Principal office address MUST BE A STREET ADDRESS)		P P P P P P P P P P P P P P P P P P P
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1		F(S) <b>≥</b> □
Enter new mailing address, if applicable:		OR THE
(Mailing address MAY BE A POST OFFICE BOX)		F
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	, 1	Florida
	City	Zip Code

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	1	Address	Type of Action
AMBR	SREP VI. LLC	<u></u>	301 E LAS OLAS BLVD	Add
			FT. LAUDERDALE, FL 33301	Remove
		t		Change
AMBR	SRRE, LLC		301 E LAS OLAS BLVD	<b>■</b> Add
			FT. LAUDERDALE, FL 33301	☐ Remove
				☐ Change
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	be specific and cannot be prior to date of filing ck does not meet the applicable statutory	(optional) g or more than 90 days after filing.) Pursuant to 605.0; filing requirements, this date will not be listed
record specifies a delayed he 90th day after the reco		ive time, at 12:01 a.m. on the earlier
SEPTEMBER 5TH	2017	
-19/1	signature of a member or authorized represen	stative of a monther

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Filing Fee: \$25.00