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(City	//State/Zip/Phone	e #)
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SUPPORTOR PH 1: 16

K. SALY FEB 21 2017 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 514445 AUTHORIZATION C COST LIMIT S-25.00

ORDER DATE: February 16, 2017

ORDER TIME : 12:53 PM

ORDER NO. : 514445-010

CUSTOMER NO: 8125798

DOMESTIC AMENDMENT FILING

NAME: FLORIDA RETREAT PROPERTIES,

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT ___ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 FEB 20 AM 8: 24

FALL AMASSEE, FLORIDA

FLORIDA RETREAT PROPERTIES, LLC

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

The Articles of Organization for this Limited Liabi	lity Company were filed on	02/10/2017	and assigned
Florida document number L17000033215			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company	<u>y here</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," th	he designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable	2:		
(Principal office address MUST BE A STREET A			
Enton now molling address if applicables			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	X)		
B. If amending the registered agent and/or registered agent and/or the new registered office		on our records, g	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	Enter I	Florida street address	
_	City	, Floric	da
New Registered Agent's Signature, if changing Regis	•		Zip Coue
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in th		

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

Title	Name	Address	Type of Action
AMBR	The OLIVIA CALLHAM Trust	10640 W. 154TH STREET	
		ORLAND PARK, IL 60462	□ Remove
			■ Change
AMBR	The JACK CALLHAM Trust	10640 W. 154TH STREET	🗀 Add
		ORLAND PARK, IL 60462	☐ Remove
		☐ Change	
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ctive	date, if other than the date of filing: (optional)
<u>e:</u>	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ument	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
ne 90	Oth day after the record is filed.
	0 17 17
ed	2-17-17
	() Calla
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00