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(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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17 APR -3 MIII: 41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT APR 5 2017

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: SA	LE KRUEGER Name of Lim	REAL ESTATE	11	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	<u>GAYL</u>	E KRUEGER Name of Person		
		Firm/Company		
	\$661 58	Somerset Isca	ano Way	
	JypitER	FC 33458 City/State and Zip Code	>	TALL SEC
	GAYLE E-mail address: (City/state and Zip Code City/state and Zip Code to be used for future annual report notifi	O NA	FILED R -3 MI: 41 R -3 MI: 41 CREIARY OF STATE CARLASSEE, FLORID
For further information co	ncerning this matter, please ca	ail:		門岛是口
ERIC Name of	KRUEGER Person	at (<u>561</u>) <u>531-</u> Area Code Daytime	O386 Telephone Number	LORIDA LORIDA
Encyosed is a check for the	e following amount:			
\$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	©\$60.00 Filing Certificate of Certified Co (additional cop	of Status & opy

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

ny as it now appears on our records.) iability Company)	
were filed on $3/14/17$ and assigned	
lity company here:	
ty Company," the designation "LLC" or the abbreviation "L.L.C."	-
R661 SE SOMERSET ISLAND W	lay
	-
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fice address on our records, enter the name of the	- new
ALASSA A	
Ho H	_
Enter Florida street address	-
, Florida	-
	ity company here: 2 LLC by Company, the designation "LLC" or the abbreviation "LLC." 2661 SE Somerset Island u Typiter, FL, 33458 ice address on our records, enter the name of the

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 **Address** Type of Action **Title** Name ⊞Add Remove Change ∭Add Remove Change ₽ Remove Change Remove **U**Change SSEE FLORIDA ■Add Remove

_ Change

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	and the same of th
rectiv n effec	e date, if other than the date of filing:
<u>ote:</u> li	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be disted it's effective date on the Department of State's records.
- Cult Ki	SSI 3
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
reco The §	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
	Oth day after the record is filed.
ited	March 30 2017.
u	
	Dayl, Unrette trueen
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00