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| PICK-UP WAIT MAIL | |
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| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | |
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Salter • Feiber

3940 NW 16th Boulevard, Bldg. B Gainesville, Florida 32605

T: 352.376.8201 F: 352.376.7996 www.salterlaw.net

JOHN C. BOVAY
Board Certified in Wills, Trusts & Estate
Law & Tax Law
jackb@salterlaw.net

May 16, 2017

VIA OVERNIGHT FEDERAL EXPRESS

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

Re: Articles of Amendment to the Articles of Organization of 26345 Scenic Drive, LLC

Dear Sir or Madam:

Enclosed please find the Articles of Amendment to the Articles of Organization of the above mentioned entity, along with our firm check in the amount of \$25.00 for the filing fees. Once filed, please forward the documents to our office.

Sincerely,

John C. Bovay

JCB:mh

COVER LETTER

| | sion of Cor | | • | |
|----------------|---------------|--|---|--|
| SUBJECT: | 26345 Scen | c Drive, LLC | | |
| SOBJECT. | | Name of Lim | ited Liability Company | |
| The enclosed | Articles of A | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspor | ndence concerning this matter | to the following: | |
| | | John C. Bovay | | |
| | | | Name of Person | |
| | | Salter Feiber PA | | |
| | | | Firm/Company | |
| | | 3940 NW 16th Blvd., Bldg | , В | |
| | | · · · · · · · · · · · · · · · · · · · | Address | |
| | | Gainesville, FL 32605 | | |
| | | | City/State and Zip Code | ······································ |
| | | jackb@salterlaw.net | | |
| | | E-mail address: (t | to be used for future annual report notifi | cation) |
| For further in | formation co | ncerning this matter, please ca | all; | |
| John C. Bova | у | | 352 376-8201 at () | |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclosed is a | check for the | e following amount: | | |
| \$25.00 Fi | ling Fee | □ \$30.00 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

26345 Scenic Drive, 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 Liability Company were filed on March 15, 2017 and assigned Florida document number L17000060262 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 26345 Scenic Road, 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: John C. Bovay Name of New Registered Agent: 3940 N.W. 16th Blvd., Bldg. B New Registered Office Address: Enter Florida street address , Florida _³²⁶⁰⁵ Gainesville

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.

City

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 | Address | Type of Action |
|--------------|-------------------|-----------------------------|--|
| MGR | Stephen M. Martin | 1845 SE 7th Street | ☐ Add |
| | | Ft. Lauderdale, FL 33316 | Remove |
| | | | Change |
| MGR | John C. Bovay | 3940 NW 16th Blvd., Bldg. B | Add |
| | | Gainesville, FL 32605 | ☐ Remove |
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| | The 9 | May 16th, 2017 | : | | _ | _1 |
| Signature of a member or authorized representative of a member | The 9 | May 16th, 2017 | : | CRET | MAY | |
| John C. Bovay | e 9 | Signature of a member or authorized representative of a member | : : | CRETARY OF | MAY I 7 AM | |

Page 3 of 3

Filing Fee: \$25.00