

L1700006545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

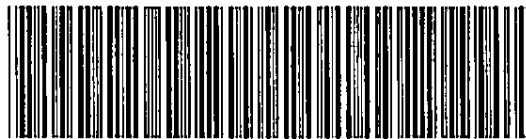
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200307510262

01/17/18--01033--005 **25.00

RECEIVED

JAN 16 2018

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

18 JAN 16 PM 2:49

JAN 17 2016

Y SULKER

FISHERBROYLES®

A LIMITED LIABILITY PARTNERSHIP

Kevin P. Gluntz, Esq.
Partner

75 Milford Drive Suite 320
Hudson, OH 44236

Direct: (216) 403-5461
Facsimile: (216) 274-9031

kevin.gluntz@fisherbroyles.com

January 10, 2018

VIA Regular US Mail

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**Re: 13185 Fairway Island LLC
Document Number L17000066545**

To Whom It May Concern:

Enclosed please find one original and one copy of *Articles of Amendment to Articles of Organization of 13185 Fairway Island LLC* and a check for \$25.00 to cover the filing fee.

Please process the above documents and please acknowledge receipt and processing by time-stamping the copy of the above document and returning it to me in the self-addressed, stamped envelope enclosed for your convenience.

Please contact me at (216) 403-5461 with any questions.

Very truly yours,

FISHERBROYLES, LLP


KEVIN P. GLUNTZ, ESQ., PARTNER

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

13185 Fairway Island 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 03/23/2017 and assigned
Florida document number L17000066545.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

13815 Fairway Island 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

18 JAN 26 PM 2:48
 MASSACHUSETTS
 DEPARTMENT OF STATE
 WASHINGTON, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
18 JAN 16 PM 2:49
TALLAHASSEE, FLORIDA

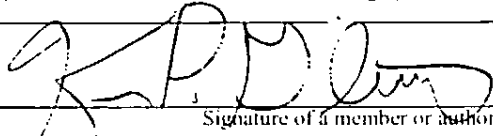
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated January 10, 2018


Signature of a member or authorized representative of a member

Kevin P. Gluntz
Typed or printed name of signee