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| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
|                         |                    |             |
| (Ad                     | ldress)            |             |
|                         |                    |             |
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|                         |                    |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
|                         |                    |             |
| (Bı                     | ısiness Entity Nar | ne)         |
|                         |                    |             |
| (Do                     | ocument Number)    |             |
|                         |                    |             |
| Certified Copies        | _ Certificates     | s of Status |
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| Special Instructions to | Filing Officer:    |             |
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| · CO   | VER LETTER → •  |
|--|---|
| TO: Registration Section Division of Corporations  | •   |
| SUBJECT: Cavrabelle Lo   | odge LLC nited Liability Company  |
| Dear Sir or Madam:   |   |
| The enclosed Registered Agent/Registered Office Chan   | ge and fee(s) are submitted for filing.   |
| Please return all correspondence concerning this matter  | to the following:   |
| JULIE SCHULZ  Name of Person   |   |
| SUMMIT GROUP MANAGEMENT, LLC Firm/Company  |   |
| 3427 BANNERMAN ROAD, SUITE D   | 208   |
| TALLAHASSEE FL 32312 City/State and Zip Code   |   |
| julie.schulz@summitgroup.biz<br>E-mail address: (to be used for future annual repo   | rt notification)  |
| For further information concerning this matter, please c   | all:  |
| JULIE SCHULZ at (  Name of Person  | 950 ) 219-8207<br>Area Code & Daytime Telephone Number  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |
| Enclosed is a check for the following amoun  | t:  |

🗀 \$55 Filing Fee & Certified Copy

S25 Filing Fee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Corrabelle  | Lodge.                                    | LLC                                       |                      |             |                     |             |
|---|---|---|----------------------|-------------|---------------------|-------------|
| (Name of the Limited<br>(A  | Liability Company<br>Florida Limited Liab | as it now appears on ou<br>ility Company) | r records.)          |             |                     |             |
| The Articles of Organization for this Limited Liab  |   | re filed on 4                             | 12/17                | an          | d assi <sub>l</sub> | gned        |
| This amendment is submitted to amend the follow   | ving:                                     |   |                      |             |                     |             |
| A. If amending name, enter the new name of the  | <u>he limited liabilit</u>                | y company here:                           |                      |             |                     |             |
|   |   |   |                      |             |                     |             |
| The new name must be distinguishable and contain the word                                   | ds "Limited Liability                     | Company," the designati                   | on "LLC" or the      | abbreviatio | on "L.L<br>——       | .C."        |
| Enter new principal offices address, if applicab  | de: _                                     |   |                      | <u> </u>    | 7_                  | <del></del> |
| (Principal office address MUST BE A STREET .  | ADDRESS) _                                |   |                      | 35          | <u>×</u>            |             |
|   | _   |   |                      | <u> </u>    | دت                  | C. Set Alby |
|   |   |   |                      |             | AH                  | 177         |
| Enter new mailing address, if applicable:   | _   |   |                      | <u> </u>    | <u></u>             | 200         |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |   |                      | <u>8</u> .  | <u></u>             | <u>.</u>    |
|   | _   |   |                      |             |                     |             |
| B. If amending the registered agent and/or registered agent and/or the new registered offic | ~   | e address on our                          | records, <u>ente</u> | r the na    | ime o               | f the new   |
| Name of New Registered Agent:   |   |   |                      | ····        |                     |             |
| New Registered Office Address:  | 3427 P                                    | ON V ON M.  Enter Florida stre            | an Ro<br>ei address  | 1. <u>L</u> | <u>)-1</u>          | 08          |
|   | Tallah                                    | aussee<br>City                            | , Florida _          | 32<br>Zip ( | 31<br>Code          | 2_          |

## 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> **Address Type of Action** MGR Tierra Vista 2073 Summit Lake Dr. DAdd Group, LLC \_□ Change MGR CESC, Inc 3427 Bunnerman Rd. Wadd Suite D-208 Tallahassee FL 32312 □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

|   |                            |                    |                        | <u> </u>    |                      | ·                    |             | _                                    |  |                      | _                 |
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| fective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Deparation | specific and<br>does not n | d canno<br>meet ti | ot be pric<br>he appli | cable st    | of filing<br>atutory | or more<br>filing re | than 90 day | (option<br>ys after fi<br>ts, this d | ling.) Pursu                                       | ant to 6<br>ot be li | 05.020<br>sted a: |
| record specifies a delayed e<br>The 90th day after the record   |                            |                    | but n                  | ot an       | effectiv             | /e tim               | e, at 12    | :01 a.ı                              | m. on th   | ie ear               | lier o            |
| The Sould day after the record  |                            | _                  | <b>)</b>               | _           |                      |                      |             |                                      |  |                      |                   |
| ated 6/2  |                            |                    | 11/                    |             |                      |                      |             |                                      |  |                      |                   |

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Filing Fee: \$25.00