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NAME:

CALISTA COURT PROPERTIES, LLC

TYPE OF FILING: AMENDMENT

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Calista Court Properties, LLC | | | |
|--|--|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited L | ny as it now appears on our records.) lability Company) | | |
| The Articles of Organization for this Limited Liability Company | were filed on May 3, 2017 and assigned | | |
| Florida document number L17000097630 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | lity company here: | | |
| Callista Court Properties, LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 1517 Birkdale Lane | | |
| (Principal office address MUST BE A STREET ADDRESS) | Ponte Vedra Beach, Florida 32082 | | |
| Enter new mailing address, if applicable: | 1517 Birkdale Lane | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Ponte Vedra Beach, Florida 32082 | | |
| B. If amending the registered agent and/or registered of 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 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 to removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Address</u> Type of Action <u>Name</u> □ Add _□ Remove ☐ Change D Add ☐ Remove ☐ Change □ Add Remove Change U 田 Remove ٩ _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

| D. If amending any other information, enter change(s) here: (Atto | ach additional sheets, if nec | essary.) | |
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| Effective date, if other than the date of filing: | (onti | onal) | |
| (If an effective date is listed, the date must be specific and cannot be prior to date o Note: If the date inserted in this block does not meet the applicable stat document's effective date on the Department of State's records. | f filing or more than 90 days after | r filing.) Pursuant to | 605.0207 (3) listed as the |
| the record specifies a delayed effective date, but not an ef) The 90th day after the record is filed. | ffective time, at 12:01 a | a.m. on the ea | rlier of: |
| Dated May 4 , 2017 . | M Kerne | | |
| Signature of a member of authorized rep | | | |
| Stephen M. Kane | | | |
| Typed or printed name of | of signee | | |

Page 3 of 3

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