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| (Requestor's Name) |
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| (Address) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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2017 JUN -5 PH 12: 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY JUN - 6 2017

COVER LETTER

| | Registration So Division of Co | | | |
|-------------|-----------------------------------|--|---|--|
| SUBJEC | Top of the | Reef, LLC | | |
| SUBJEC | l: | Name of Lim | nited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | emitted for filing. | |
| Please rett | ım all correspo | ondence concerning this matter | to the following: | |
| | | Alex Neal | | |
| | | | Name of Person | · . |
| | | | Firm/Company | |
| | | 122 Harold Ave | | |
| | | | Address | |
| | | Lehigh Acres, FL 33973 | | |
| | | Alexneal312@gamil.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notif | ication) |
| For further | information c | oncerning this matter, please ca | all: | |
| | Name o | f Person | at () | e Telephone Number |
| Enclosed i | s a check for th | ne 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 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 ARTICLES OF ORGANIZATION **OF**

FILED
2017 LUN-5 PM 12: 02
TALLAHASSEE, FLORIDA

Top of the Reef, 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 5/24/17 | and assigned |
|--|---|-------------------------|
| Florida document number L17000114949 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC" or th | e 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 of | fice address on our records, ent | er 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> | Type of Action |
|--------------|------------------|------------------------|-------------------------|
| MBR | Fletcher Jackson | 3901 Lee Blvd | Add |
| | | Lehigh Acres, FL 33971 | ☐ Remove |
| | | | Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |
| | | | HASS |
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| FILED TOIL THE SECRETARY OF STATE SECRETARY OF STATE (Aprilia) (Aprilonal) (In effective date, if other than the date of filing: (In effective date, if other than the date of filing: (In 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 Mote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the focument's effective date on the Department of State's records. The 90th day after the record is filed. Signature of a member or authorized representative of a member. | • | FILEN |
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| iffective date, if other than the date of filing: (optional) | | SECRETARY OF |
| iffective date, if other than the date of filing: (optional) | | AMASSEE, FLORIDA |
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Page 3 of 3

Filing Fee: \$25.00