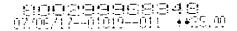
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| (Requestor's Name) |
|-----------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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Office Use Only



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D. SCOTT JUL 11 2017

COVER LETTER

| | gistration Sec vision of Corp | | | |
|---------------|----------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------------|
| SUBJECT: | | COVE DEVELOPMENT LLC | | |
| | | Name of Limited Liability Company | | |
| | | Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: | | |
| , rease recan | ii uii concespoi | RODNEY S WHITE CPA | | |
| | | Name of Person | _ | |
| | | RODNEY S WHITE CPA | | |
| | | Firm/Company | _ | |
| | | 4650 LIPSCOMB ST NE, SUITE 20 | | |
| | | Address | _ | |
| | | PALM BAY, FL 32905 | | |
| | | City/State and Zip Code rodwhitecpa@earthlink.net | _ | |
| | | E-mail address: (to be used for future annual report notification) | | <u>.</u> |
| For further | information co | oncerning this matter, please call: | • | · · · · · |
| RODNEY | S WHITE CP. | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ |
| | Name of | at () f Person Area Code Daytime Telephone Numb | æг | : |
| Enclosed is | a check for th | ne following amount: | | , - ; |
| \$25.00 | Filing Fee | (additional copy is enclosed) Certifie | Filing Fee, cate of Stat ed Copy nal copy is cno | |

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

SANIBEL COVE DEVELOPMENT LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| | 06/22/201 | 7 | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------|---------------------|------------|-----------------|
| The Articles of Organization for this Limited L | | <u> </u> | ; | and assigned |
| Florida document number L17000136157 | | | | |
| This amendment is submitted to amend the foll | owing: | | | |
| A. If amending name, enter the new name o | f the limited liability company here: | | | |
| The new name must be distinguishable and contain the v | words "Limited Liability Company," the designati | on "LLC" or the | e abbrevia | tion "L.L.C." |
| Enter new principal offices address, if applic | able: | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE | | | | |
| printing underso many pre- | | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | records, <u>ent</u> | er the | Tame of the new |
| Name of New Registered Agent: | RODNEY S WHITE CPA | | • | |
| New Registered Office Address: | 4650 LIPSCOMB ST NE, SUITE 20 | | | |
| | Enter Florida stre | | | 1.5 |
| | PALM BAY | Florida | 32905, | <u></u> |
| | City | | Zij |) 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------------|----------------------------|----------------|
| MGR | STURM, WILLEM J | 4975 DIXIE HWY NE #503 | |
| | | PALM BAY FL 32905 | ■ Remove |
| | | | ☐ Change |
| MGR | MAYES, JAMES A | 204 TIMPOOCHEE DRIVE | |
| | | INDIAN HBR BCH FL 32937 | ■ Remove |
| | | | Change |
| MGR | DESAI, VINCENT V | 1507 S HIAWASSEE ROAD #211 | |
| | | ORLANDO, FL 32835 | ■ Remove |
| | | | Change |
| AMBR | GIBLALTAR GLYDLATE | 4975 DIXIE HIGHWAY #503 | ■ Add |
| | CAPITAL, INC. | PALM BAY, FL 32905 | 🗆 Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
| | | | □ Add |
| | | | □ Remove |
| | | | Change |

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| | | <u>-</u> | - . |
| ffective date, if other than | the date of filing: | (optional) | • |
| lote: If the date inserted in th | must be specific and cannot be prior to date of is block does not meet the applicable state. Department of State's records. | (optional) f filing or more than 90 days after filing.) Pursuant to eutory filing requirements, this date will not be l | 505.0207 isted as |
| e record specifies a dela The 90th day after the | | fective time, at 12:01 a.m. on the ea | rlier o |
| JULY 5 Dated | 2017 | | |
| | 17 | | |
| X | 0/1// 1816 | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00