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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PORTER, WRIGHT, MORRIS & ARTHUR

Account Number : 102233003533 Phone : (614)227-1936 ; (239)593-2990 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

TWALTERS @ DORTERWRIGHT. Com

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NAPLES SUNSHINE PROPERTIES LLC Certificate of Status 0 0 Certified Copy

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COVER LETTER

TO: Registration S Division of Co				٠
SUBJECT: Naple	s Sunshine Properties L Name of Lin	LC nited Liability Company		
		- .j.		
		Name of Limited Liability Company It and fee(s) are submitted for filing. Determing this matter to the following: Theodore R. Walters Name of Person Porter Wright Morris & Arthur, LLP Firm/Company 9132 Strada Place, Third Floor Address Naples, FL 34108 City/State and Zip Code hwalters porterwright com E-mail address: (to be used for future annual report notification) his matter, please call:		
	Porte		thur. LLP	
	913		rd Floor	
		Naples, FL 34108 City/State and Zip Code	3	
			Leam report notificati	on)
For further information of	concerning this matter, please o	all:		
Theodore F Name o	R. Walters of Person			
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is one		S60.00 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

From:

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

10/03/2017 11:27

#124 P.003/005

From:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Naples Sunshin (Name of the Limited Liability Comp. (A Florida Limited	e Properties L any as it now appea Liability Company)	LC			
The Articles of Organization for this Limited Liability Company	y were filed on	08/10/2017	and assigned		
Florida document number <u>117000171485</u>					
This amendment is submitted to amend the following:	•				
A. If amending name, enter the new name of the limited liab	oility company he	ere:			
Potti Ann Barry Querusia I I Č					
The new name must be distinguishable and contain the words "Limited Liab.	ility Company," the c	lesignation "LLC of the	aboreviation relic.		
Enter new principal offices address, if applicable:			<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>				
Enter new muiling address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
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:	office address or re:	our records, <u>ente</u>	r the name of the new		
New Registered Office Address:	Enter Flo	rida street address			
	, Florida				
	City	, 1101104	Zip Code		
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>				
I hereby accept the appointment as registered agent and ag	ree to act in this	capacity. I further a	igree 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

10/03/2017 11:27 #124 P.004/005

From:

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 = N AMBR = A	Innuger Authorized Member		
Title	Name	Address	Type of Action
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			☐ Change
			□ Add
			□ Remove
			☐ Change
			GD Add
			GRemove Change
			Change
			□ Add
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Dated	Octobe 518	r2	2017	_;	ı			
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Filing Fee: \$25.00