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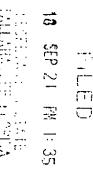
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SEP : THE

COVER LETTER

	Registration Se Division of Cor					
ern reæ	Idlewild 61	93. LLC				
SUBJEC	1:	Name of Lim	ited Liability Company			
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Janeen Jones				
			Name of Person			
		Land Solutions, Inc.				
			Firm Company			
		6810 International Cente	er Blvd.			
			Address			
		Fort Myers, FL 33912				
		City/State and Zip Code				
		jjones@landsolutions.net E-mail address: (to be used for future annual report notific	eation)		
For furthe	er information c	oncerning this matter, please ca	nll:			
Janeen .	Jones		239 489-4066 at ()			
	Name o	f Person	Area Code Daytime	Telephone Sumber		
Enclosed	is a check for th	ne following amount:				
\$25.0	0 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 TO ARTICLES OF ORGANIZATION OF

Idlewild 6193, 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 9/18/17 Florida document number L17000193666 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 4215 East 60th St., Suite 6 Enter new mailing address, if applicable: Davenport, IA 52807 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter 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

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

Title	Name	<u>Address</u>	Type of Action
VP	Michael Kerver	11220 Metro Pkwy, Suite 27	
		Fort Myers, FL 33966	
			☐ Change
VP	Pete Mullarkey	4215 East 60th St., Suite #6	
		Davenport, IA 52807	☐ Remove
			Change
			□_Add
			Remove T
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			☐ Change

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Effective date, if other than the		nber 18, 2018	(optional)	.
Note: If the date inserted in this b document's effective date on the E	lock does not meet the a	oplicable statutory filin	ore than 90 days after filing. g requirements, this date	will not be listed as
document a creedite date on the E	epartment of State 3 fee	orus.		
he record specifies a delaye	d effective date, bu	t not an effective t	ime, at 12:01 a.m.	on the earlier of
The 90th day after the rec	ord is filed.			
Dated	2018			
				
	Jahrey Se Tond or	<u></u>		

Page 3 of 3

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