## Division of State Division of Chaperations Electronic Filling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations
Fax Number : (850)617-6383

From:

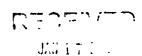
Account Name : JONES, FOSTER, JOENSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

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

Email Address: paul@phanoa.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARBOUR ISLE INVESTORS, LLC

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Electronic Filing Menu

Corporate Filing Menu

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H180000200923

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARBOUR ISLE INVESTORS, LLC	mpany as it now annears on our records.)	<del></del>	
(A florida Limit	npany ás it now appears on our records.) led Liability Company)		
The Articles of Organization for this Limited Liability Compa	any were filed on September 19, 2017	and assigned	
Florida document number L17000194583			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited !	iability company here:		
OKEE PROPERTIES, LLC		22	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the	abbreviation?E.L.C."	
Enter new principal offices address, if applicable:		·	
(Principal office address MUST BE A STREET ADDRESS	)		
Trincipal office dadress in our BLASTROOT ABBRESS			
		un E	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
	<u> </u>	_ <del> </del>	
B. If amending the registered agent and/or registered		af th	
registered agent and/or the new registered office address  Name of New Registered Agent:	herc:		
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
<del></del>	Ciiy	Zip Coxte	
New Registered Agent's Signature, if changing Registered Ag	ent:		
i hereby accept the appointment as registered agent and	agree to act in this capacity. I further o	agree to comply w	

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

MGR = Manager

ES FUSIER I #

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

:

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D. If amending any other	r information, enter o	hange(s) here:	(Attach addittona	l sheets, if no	ecessary.)	H180000200923
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E. Effective date, if other than effective date is listed Note: If the date insert document's effective date.	r than the date of filing the date must be specific and in this block does not ate on the Department of	d cannot be prior to meet the applicat	dute of filing or more ole statutory filing re	than 90 days at	otional) Her filing.) Pure this date will	uant to 605.0207 (3,Xb) not be listed as the
If the record specifies (b) The 90th day after	a delayed effective	cate, but not	an effective tim	e, at 12:0	1 a.m. on t	he earlier of:
Dated January 17		2018			•	NO 6. 1
	M 146/					·
—- <i>"</i>	Signature of a	member or author	ized representative of	a member		<del></del>

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Typed or printed name of signee

Mark H. Dahlmeier, Authorized Representative

Filing Fee: \$25.06