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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Douglas Brooke Hon | nes, LLC | | | |
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| | | | | Art of Inc. File |
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| | | | | LTD Partnership File |
| | | | | Foreign Corp. File |
| | | | <u> </u> | L.C. File |
| | | | | Fictitious Name File |
| | | | _ | Trade/Service Mark |
| | | | | Merger File |
| | | | | Art. of Amend. File |
| | | | | RA Resignation |
| | | | | Dissolution / Withdrawal |
| | | | | Annual Report / Reinstatement |
| | | | | Cert. Copy |
| | | | | Photo Copy |
| | | | | Certificate of Good Standing |
| | | | | Certificate of Status |
| | | | | Certificate of Fictitious Name |
| | | | | Corp Record Search |
| | | | | Officer Search |
| | | | | Fictitious Search |
| Signature | - | | . — | Fictitious Owner Search |
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| | | | | Driving Record |
| Requested by: Seth | 12/06/17 | | | UCC 1 or 3 File |
| Name | Date | Time | | UCC 11 Search |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | | |
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| SUBJI | ЕСТ: | <u> </u> | | | |
| | | Name of Lim | nited Liability Company | | |
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| The en | closed Articles of / | Amendment and fee(s) are sub | omitted for filing. | | |
| Please | return all correspon | ndence concerning this matter | to the following: | | |
| | | Frank J. Aloia, Jr., Esq | | | |
| | | | Name of Person | | |
| | | Aloia, Roland, Lubell & M | lorgan, PLLC | | |
| | | | Firm/Company | | |
| | 2254 First Street | | | | |
| | | | Address | | |
| | | Fort Myers, FL 33901 | | | |
| | | | City/State and Zip Code | | |
| | | divisionofcorporation@flor | | | |
| | | | to be used for future annual report notif | ication) | |
| For fur | ther information co | oncerning this matter, please co | all: | | |
| Frank . | J. Aloia, Jr., Esq. | | 239 791-7950 | | |
| | Name of | Person | Area Code Daysime | Telephone Number | |
| Enclos | ed is a check for the | e following amount: | | | |
| E \$2; | 5.00 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 TO ARTICLES OF ORGANIZATION OF

Douglas Brooke Homes, 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 10/27/2017 Florida document number L17000223501 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) Enter new mailing address, if applicable: (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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------------------|----------------------------|-----------------|
| MGR | Frank J. Aloia, Jr., Esq | 2254 First Street | |
| | | Fort Myers, FL 33901 | X Remove |
| | | | Change |
| MGR | Craig Evans | 6701 Nalle Grade Road | /Ž Add |
| | | North Fort Myers, FL 33917 | Remove |
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| ective date | z, if other than the date | of filing: December | 6, 2017 | (optional) | |
| te: If the da | ate inserted in this block d | oes not meet the appli | cable statutory filing i | e than 90 days after filing.) I requirements, this date w | Pursuant to 605,0207 fill not be listed as |
| ument s en | fective date on the Depart | ment of State's records | 5. | | |
| record sp | ecifies a delayed eff | ective date, but n | ot an effective tin | ne, at 12:01 a.m. o | n the earlier o |
| he 90th o | day after the record | is filed. | | | |
| Decemb | per 6 | 2017 | | | |
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| | Sign | nure of a member or auti | norized representative of | a member | — ব —9 |
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| | nk J. Aloia, Jr., Esq.\ | Typed or prin | ted name of signee | | |
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