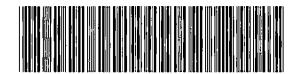
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Edge	ewater GA Swap	2.UC	
y -	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	James M.D	Want, Jr. Name of Person	
	Boyd & Di	Want, P.L.	
	1407 Piedmon	+ Drive Eart Address	
	Tallahasse	City/State and Zip Code YOLLOW: NC+	
	Jack Famail address:	OVALAW. NET	ication)
For further information co	oncerning this matter, please co	of about to the boundary of th	reality,
Alana Row	lig	at (<u>\$50</u>) <u>386-2</u> Area Code Daytime	171 x 103
Name o	f Pér son	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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
Tallahassec, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Edgewate	r GA SWAP 2, LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L17002375</u>	
This amendment is submitted to amend the follow	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET.	ADDRESS)
,	
Enter new mailing address, if applicable:	·
(Mailing address MAY BE A POST OFFICE BO	<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, enter the name of the new ee address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip 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.

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	James M. Durant, Jr.	1417 Piedmont Drive East	
		Tallahassee, FL 32308	Remove
			Change
MGR	<u>James M. Durant, J</u> r., as Trustee of the	1407 Piedmont Drive Eaus	Add Add
	Capital Capital Irrevocable Trust date	Tallahauree, FL 32308	Remove
	Trrevocable Trust date Uanuary 12,2011	2d	Change
			
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Note: If the date inse					ior of:
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Note: If the date insedocument's effective of the record specifies			fective time, at 12:0	a.m. on the ear	
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Filing Fee: \$25.00