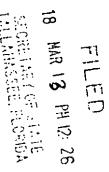
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Office Use Only



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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations Pimetel Properties South East, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Cristal Muñoz Name of Person Attorneys Corporation Service Inc. Firm/Company 5668 E. 61st Street Address Commerce, CA 90022 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Area Code Daytime Telephone Number Cristal Muñoz Name of Person Enclosed is a check for the following amount:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

■ \$25,00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

Tallahassee, FL 32314

P.O. Box 6327

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability	v Company as it now appears on our reco Limited Liability Company)	ords.)
(A Florida	Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on February 23, 2	018 and assigned
Florida document number L18000048627		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
Pimentel Properties South East, LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "L	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>
		一
Enter new mailing address, if applicable:		- 83. 6-
(Mailing address MAY BE A POST OFFICE BOX)		2
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		rds, <u>enter the name of th</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		Florida
 -	Cîry	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	
			Add	
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Note: If the date inserted in the	the date of filing: must be specific and cannot be prior is block does not meet the applicate Department of State's records.	able statutory filing requireme	_ (optional) lays after filing.) Pursuant to 605.0207 ents, this date will not be listed as
the record specifies a dela) The 90th day after the		t an effective time, at 1	2:01 a.m. on the earlier of
Dated March 6	2018		
1 <i>7</i> 8160	·	 '	
Dated	of OAK		
Dated	2018 CAC Signature of a member of author	orized representative of a member	·

Page 3 of 3

Filing Fee: \$25.00