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COVER LETTER

	Registration Se Division of Cor				
emp in c		R UNIT 303 LLC			
SUBJEC	1:	Name of Lim	ited Liability Company	-	
		Amendment and fee(s) are sub	•		
		GLEN FERGUSON			
			Name of Person		
		GSF GROUP LLC			
		<u> </u>	Firm/Company		
		433 PLAZA REAL, STE	351		
		BOCA RATON, FL 3343.	Address 2		- 5.2 t.e
		GLEN@GSFGROUPCPA			1 !
		E-mail address: (to be used for future annual report notif	ication)	ţ) -
For further	er information c	oncerning this matter, please c	all:		
GLEN F	ERGSUON		561 990-5000 at ()		
	Name o	f Person	Area Code Daytime	e Telephone Number	_
Enclosed	is a check for th	ne following amount:			
≌ \$ 25.0	90 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status &

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

TULEMAR UNIT 303 LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on 08/28/2018	and assigned
Florida document number 1.18000206283		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
TULEMAR MONKITAIL LLC		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: N	/A	
(Principal office address MUST BE A STREET ADDR.	<u>ESS)</u>	
		~3
Enter new mailing address, if applicable: N/A		. 7
(Mailing address MAY BE A POST OFFICE BOX)		. 1
		ő
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, ess here: W/A	enter the name of the ne
Name of New Registered Agent:	·····	
New Registered Office Address:	0 0 1	
	Enter Florida street address	
	, Flor	
	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
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ective date, if other than the neffective date is listed, the date muste: If the date inserted in this blowment's effective date on the D	t be specific and cannot ock does not meet the	be prior to date of filing of applicable statutory f	(op- or more than 90 days aft iling requirements, th	er filing.) Pursu	iant to 605.02 of be listed :
record specifies a delayed The 90th day after the rec		out not an effectiv	e time, at 12:01	a.m. on th	ne earlier
ded DECEMBER	20	118			
~					
()[.]		or authorized representa			

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