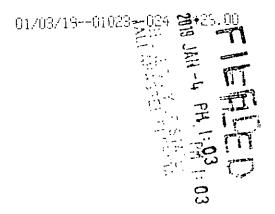
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D. BRUCE JAN 12 2019



Jennifer A. Watkins, ACP, FRP Parategal jennifer.watkins@nelsonmullins.com ATTOHNEYS AND COUNSELOPS AT LAW

251 Royat Palm Way | Suite 215 Palm Beach, FL 33480

T: 561.659 8663 F: 561.659.8679

netsonmattins.com

January 2, 2019

<u>Via Federal Express</u>

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

Re: Mom Pono III LLC Document No. L18000240460 TILED

2018 JAN -4 PH 1: 03

Dear Sir or Madam:

Enclosed for processing are the Articles of Amendment to Articles of Organization for the above entity to correct the name of the current registered agent. Our check in the amount of \$25.00 is also enclosed for the filing fee.

If you have any questions, please contact me. Thank you.

Sincerely,

NELSON MULLINS BROAD AND CASSEL

Jennifer A. Watkins, ACP, FRP

Paralegal

JW/bhs Enclosures

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MOM PONO III LLC		
(Name of the Lin	nited Liability Company as it now appears on our reco (A Florida Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Florida document number £18000240460	Liability Company were filed on OCTOBER 10,	and assigned
This amendment is submitted to amend the fo	llowing:	
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 "LI	
Enter new principal offices address, if appli	cable:	# E T
(Principal office address MUST BE A STRE	ET_ADDRESS)	
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	E BOX)	<u> </u>
registered agent and/or the new registered o	I/or registered office address on our record	ds, enter the name of the new
Name of New Registered Agent:	KERNYOWN MANAGEMENT CORP.	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter l'Iorida strevi address	
	, F	Norida Zip Code
		Zip Code
New Registered Agent's Signature, if changing		
hereby accept the appointment as registers	ed agent and agree to act in this capacity. I fi	urther 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> <u>Address</u> Type of Action □ Add ☐ Remove ☐ Change ☐ Change ☐ Change □ Add ¹ _ _ Rémove __ Change _ 🗅 Add ☐ Remove _□ Change ☐ Add ☐ Remove

_□ Change

D. If amending any other information, enter change(s) here: (Attach additional	sneeis, ij necessary.)
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	S
	<u>, </u>
E. Effective date, if other than the date of filing:	(optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more the Note: If the date inserted in this block does not meet the applicable statutory filing req document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, (b) The 90th day after the record is filed.	at 12:01 a.m. on the earlier of:
Dated Decerniser 28 . 2018 . Signature of a member or authorized representative of a re-	
Cell_	
Signature of a member or authorized representative of a r	nember
April Kern	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00