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| (F | Requestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| | Business Entity Name | |
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| Certified Copies | Certificates of | f Status |
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| Special Instructions | to Filing Officer: | |
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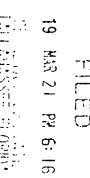
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COVER LETTER

| TO: | Registration S Division of Co | rporations | | P | , | |
|---------------|----------------------------------|---------------------------|---|--|--|---|
| SUBJ | ECT: | STAVA | PROPERTY Name of Limited | MANAGEN I Liability Company | 1ENT, L | -LC. |
| The er | nclosed Articles of | Amendment and | d fee(s) are submit | tted for tiling. | | |
| Please | return all corresp | ondence concern | ing this matter to | the following: | | |
| | | | Ander | S Fr. berg | | residents to me according |
| | | | | Name of Person | | |
| | | | | Firm/Company | | |
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| | | St | mait, | FL 34 City/State and Zip Code | 7 94 | |
| | | | _ <i>i</i> | City/State and Zip Code | | |
| | | 1 | <u>Stavanco</u> E-mail address: (10) | ocity Egm | <i>ail.Com</i> Treport notification | on) |
| For tu | rther information (| concerning this n | natter, please call: | | | |
| | Anders | Friberg | | at (<u>772</u>) Area Code | 320-7 | 930 |
| | Name o | of Person | | Area Code | Daytime Tele | ephone Number |
| Enclos | sed is a check for t | he following am | ount' | | | |
| ⊠ (\$2 | 5.00 Filing Fee | □ \$30,00 Fi Certifica | ling Fee & ate of Status | □ \$55.00 Filing Fee Certified Copy (additional copy is en | | □ \$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

CTAVA DONE TO

New Registered Agent's Signature, if changing Registered Agent:

| (Name of the Limited Liability Compa (A Florida Limited 1 | my as it now appears on our records. |
|--|---|
| (A Florida Limited I | .iability (Company) |
| The Articles of Organization for this Limited Liability Company Florida document number 1900042804 | were filed on FEB 12 2019 and assigned |
| Florida document number L 1 7 4 5 5 (200 7). | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liab | ility company here: |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | C/O ULTIMATE FLORIDA REAL ESTATE |
| (Principal office address MUST BE A STREET ADDRESS) | 1340 N US HWY1 #129 |
| | JUPITER FL 33469 |
| | |
| Enter new mailing address, if applicable: | |
| (Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| B. If amending the registered agent and/or registered of | ffice address on our records, enter the name of the new |
| registered agent and/or the new registered office address her | |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| nen negigiera omico. | Emer Florida street address |
| | Florida 5 |
| | City Florida Zip Gode |

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 an familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. (E. If this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the inited diability accompany 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 | ANDERS FRIBERG | 723 NW SPRUCE RIDGE Dr STUART FL 34994 | /X Add |
| | • | STUART FL 34994 | ☐ Remove |
| | | Change | |
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| If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an o <u>Note</u> | ctive date, if other than the date of filing: |
| | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: le 90th day after the record is filed. |
| Date | MARCH 7 2019 |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | JONAS STROM Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00