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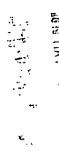
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COVER LETTER

TO:	Registration Se Division of Cor			%
SUBJE	The Carlyle	:@Navarre, LLC		
	The Carlyle@Navarre, LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. the return all correspondence concerning this matter to the following: Stephen Harrison Name of Person Foulston Sietkin LLP Firm/Company 1551 N. Waterfront Pkwy., Ste. 100 Address Wichita, KS 67206 City/State and Zip Code E-mail address: (to be used for future annual report notification) unther information concerning this matter, please call:			
		Stephen Harrison		•
			Name of Person	
		Foulston Siefkin LLP	Number of Constitution	
			Firm/Company	
		1551 N. Waterfront Pkwy.		
		Wichita, KS 67206		
		E-mail address: (ication)	
For furth	er information co	oncerning this matter, please c	all:	
Stephen	hen Harrison 316 291-9781 at (
	Name o	f Person		Telephone Number
Enclosed	l is a check for th	ne following amount:		
\$25.	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**



ARTICLES	S OF AMENDMENT	**************************************
	ТО	The state of the s
ARTICLES	OF ORGANIZATION	
	OF	The second second
THE CARLY	YLE@NAVARRE, LLC	
(<u>Name of the Limited Liability</u> (A Florida)	y Company as it now appears on our record Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co	ompany were filed on April 17, 2019	and assigned
Florida document number L19000105894		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The Carlyle at Navarre, 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:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	5
	. Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent a	and agree to act in this canacity. I ha	rther agree to comply with th
provisions of all statutes relative to the proper and con		

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Title** Name Address **Type of Action** □ Add ☐ Remove ☐ Change □ Add ____ □ Remove __ Change __ 🗆 Add __□ Remove _□ Change □ Add □ Remove __ Change ☐ Remove _□ Change _□ Add □ Remove

☐ Change

m effecti ote: If t	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier of the day after the record is filed.
ited	May 3 2019
	(4/100 % kV 0. X)
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00