L19000225957

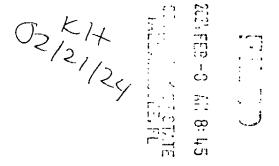
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COVER LETTER

	ation Section of Corporations	.
	ght Owl Holdings, LLC	
SUBJECT: /_	Name of Limited Liability Company	_
The enclosed A	icles of Amendment and fee(s) are submitted for filing.	
Please return a	correspondence concerning this matter to the following:	
	Frederick Pearce	
	Name of Person	
	Night Owl Holdings LLC	
	FirmvCompany	
	4851 Tamiami Trail, Suite 200	
	Address	
	Naples FL 34103	دم
	City/State and Zip Code fw.pearce@nightowlsp.com	
	E-mail address: (to be used for future annual report notification)	- 13 - 3
For further info	nation concerning this matter, please call:	
Frederick Pear	at ()	nber To
	Name of Person Area Code Daytime Telephone Nun	aber mi of
Enclosed is a c	eck for the following amount:	
■ \$25.00 Fil	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	D Filing Fee, ficate of Status & fied Copy fonal copy is enclosed)
Regi Divi P.O.	Address: ration Section on of Corporations ox 6327 assec, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suit Tallahassee, FL 32303	e 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Night Owl Holdings, LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited)	inv as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Florida document number <u>L19000225957</u>		were filed on	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	4851 Tamiami Trail, Sui	te 200
(Principal office address MUST BE A STREE		Naples FL 34103	
			20
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records,	enter the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	4851 Tamiami	Trail, Suite 200	
	-	Enter Florida street	address
	Naples		, Florida
	_	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
CFO	Frederick W Pearce	660 Enfield Street, #A	≣ Add
		Boca Raton FL 33487	Remove
			□Change
			□Remove
			□Change
			→ Bàdd
			☐ Remove
			Chánge ご Chánge ご MAdd
			□Remove
			☐ Change
	_		□ Add
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Filing Fee: \$25.00