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| (Re                     | questor's Name)   |             |
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| (Cit                    | y/State/Zip/Phone | e #)        |
| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | ne)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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## COVER LETTER

| Division of Corporations   |  |
|--|--|
| SUBJECT: ASDITE Property   | hes Development.   |
| Name of Limit  | ted Liability Company  |
| <i>/</i> ·   |  |
|  |  |
| The enclosed Articles of Amendment and fee(s) are subr                                       | nitted for filing.   |
| Please return all correspondence concerning this matter t                                    | o the following:   |
| Milliam  | Caciman<br>Name of Person  |
| Presid   | E() + Firm/Company   |
| 300 S. 9   | Pine Island Rd   |
| Plantat  | Address<br>1001, FL 33324  |
| E-mail address: (to  | City/State and Zip Code  O   |
| For further information concerning this matter, please ca                                    | oll:   |
|  | 1-4-9  |
| Anaela Hood  | at (754) 308-4818  |
| Name of Person   | Area Code Daytime Telephone Number   |
| Enclosed is a check for the following amount:  |  |
| \( \)  | These on Pilling Page 8 The C40 On Filling Page  |
| \$25.00 Filing Fee Substitute Status Substitute Status                                       | □ \$55.00 Filing Fee & □ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed) |
| Mailing Address:   | Street Address:  |
| Registration Section   | Registration Section Division of Corporations  |
| Division of Corporations  P.O. Box 6327  Division of Corporations  The Centre of Tallahassee |  |
| Tallahassee, FL 32314  Tallahassee, FL 32303  Tallahassee, FL 32303                          |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

bility Company as it now appears on our records rida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 5/16 Florida document number <u>L22000</u>2269.46 This amendment is submitted to amend the following: 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 "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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> | Name            | <u>Address</u>                             | Type of Action          |
|--------------|-----------------|--|-------------------------|
| 7            | William Grerman | 300 S. Pine Island<br>Plantation, FL 33324 | RO MAdd                 |
| MGR          |                 | Plantation, FL 33324                       | □Remove                 |
|              | ^               |  | Change                  |
| VP<br>MGIR   | Angela Hood     | 300 S. Pine Island<br>Plantation, FL 3332  | POAdd                   |
| MGIR         |                 | Vantation, FL 3332                         | Remove Signature Change |
|              |                 | <del></del>                                | Comme                   |
|              |                 | <u> </u>                                   | Add SATION              |
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|              |                 |  | □ Change                |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|--|
| Wehave to Change Our title from President and  |
| Vice Diesident to manager. All other   |
| Information Stars the Sant   |
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| 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 than 90 days after filing.) Pursuant to 605.0207 (3)(b)   |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the   |
| document's effective date on the Department of State's records.  |
| If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.  |
| $\mathcal{M} \setminus \mathcal{M} \setminus \mathcal{M}$  |
| Dated  |
|  |
| Signature of a member or authorized representative of a member   |
| Asola blood  |
| Typed or printed name of signee  |