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APR 01 2015 S. YOUNG

COVER LETTER

MAILING ADDRESS:

TO:

Registration Section

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

OAKES GROUP (Name of the Limited Liability Com	pany as it now appears on our records.)
(A Florida Limited The Articles of Organization for this Limited Liability Compar Florida document number MI000005381. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability Comparation of the limited liability.	ny were filed on 12/07/2010 and assigned
The new name must be distinguishable and end with the words "Limited Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	iability Company," the designation "LLC" or the abbreviation "L.C." 2825 WINKLER AVE FORT MYERS, FL 33916
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2825 WINKLER AVE FORT MYERS, FL 33916
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the nevere:
Name of New Registered Agent: New Registered Office Address:	CARRY L. CAKES CB25 WINKLER AVE Enter Florida street address
New Registered Agent's Signature, if changing Registered Ager	T MYERS , Florida 33916 Zip Code

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

Page 1 of 🎝

If Amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

Title	Nama	Address	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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the date this document is filed by the $\bigwedge \bigwedge \bigwedge \bigcap \bigcap \bigcup \bigcup$	the date of filing:(operannot be prior to date of receipt or filed date and cannot be more than 90 days a Florida Department of State)	otional) ys after
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Page 3 of 3

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