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Corporate Filing Menu

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ComiterSingerBasemanBraun FI F#5840 P.002/004

## 2015 HAR 31 AM 8: 07 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION FALLAHASSEE, FLORIDA

## JMB PENNSYLANIA HOLDINGS, LLC

| ( <u>Name of the Limited Liabilif</u><br>(A Florida  | ly Company as it now appears on our records.) Lumited Liability Company)  |
|--|---|
| The Articles of Organization for this Limited Liability Conforda document number L15000030334  | ompany were filed on FEBRUARY 18, 2015 and assigned   |
| This amendment is submitted to amend the following:  |   |
| A. If amending name, enter the new name of the limi  | ted liability company here:   |
| The new name must be distinguishable and end with the words "Lin   | nited 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 ADDR  | ESS)  |
|  |   |
| Enter new mailing address, if applicable:  |   |
| (Mailing address MAY BE A POST OFFICE BOX)   |   |
| The state of the s |   |
| B. If amending the registered agent and/or registered agent and/or the new registered office address Name of New Registered Agent:   | ered office address on our records, enter the name of the new ess here:   |
| New Registered Office Address:   |   |
|  | Enter Florida strevt address  |
| <del></del>  | , Florida   |
| New Registered Agent's Signature, if changing Registered   | ,   |
| I hereby accept the appointment as registered agent a<br>provisions of all statutes relative to the proper and co<br>accept the obligations of my position as registered ag  | and agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is a office address, I hereby confirm that the limited liability |
|  | If Changing Registered Agent, Signature of New Registered Agent   |
|  | Page 1 of 3   |

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ComiterSingerBasemanBraun #524

#5240 P.003/004

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:

| MGR = M $AMBR = A$ | lanager<br>uthorized Member |                      |                |
|--------------------|-----------------------------|----------------------|----------------|
| Title              | Name                        | Address              | Type of Action |
| MGR                | JENNIFER N. BRANT           | 14001 SW 31st Street | ■ Add          |
|                    |                             | Davie, Florida 33330 |                |
|                    |                             |                      |                |
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|                    |                             |                      | □ Remove       |
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| . If amending any other informatio  | n, enter change(s) here: (Attac)             | h additional sheets, if necessary.)               |
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| Effective date, if other than the date (The effective date must be specific, cannot the date this document is filed by the Floric | be prior to date of receipt or filed date an | (optional)<br>d cannot be more than 90 days after |
| Dated March 31  | 2015   |   |
| V   | 1  | ·   |
| Si  | gnature of a member or authorized repre      | esentative of a member                            |
| MICHAEL S. SINGE  | R, Authorized Representat                    | tive  |
|   | Typed or printed name of                     | signee  |

Page 3 of 3

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