

SEP/20/2018 THU 12:43 PM

Mathison Whittle

FAX No. 5616240036

P. 001/004

Division of Corporations

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L18000156694

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (950)617-6283

From:

Account Name : STEPHEN S. MATHISON, P.A.
Account Number : 120049000071
Phone : (561)624-2001
Fax Number : (561)624-0036

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18 SEP 20 AM 11:51
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
METROCENTRE PROPERTY LLC

| | |
|-----------------------|---------|
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K. SALY
SEP 21 2018

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18 SEP 20 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OFMETROCENTRE PROPERTY LLC(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 6/27/2018 and assigned
Florida document number L18000156694.

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:

MATHISON WHITTLES, LLP

New Registered Office Address:

5606 PGA BLVD., SUITE 211

Enter Florida street address

PALM BEACH GARDENS

, Florida 33418

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.

H Changing Registered Agent, Signature of New Registered Agent

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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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|--------------|----------------------------|--|
| MGR | ONDREJ DAVID | Karikova 1012, Prague 4 | <input checked="" type="checkbox"/> Add |
| | | 149 00, Czech Republic | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MAREK KLAUS | Na Kvintusce 903, Prague 6 | <input checked="" type="checkbox"/> Add |
| | | 160 00, Czech Republic | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input checked="" type="checkbox"/> Remove |
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