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COVER LETTER

Divis	sion of Corp	porations		
		peland Park Investments III, I.	.t.C	
SUBJECT:		Name of Lim	ited Liability Company	
The engloced	Articles of	Amendment and fee(s) are sub	mitted for filing	
Please return a	an correspoi	ndence concerning this matter	to the following:	
		Brian A. Block, Esq.		
			Name of Person	
		Concept Companies		
			Firm/Company	
		1449 SW 74th Drive, Suite	200	
			Address	
		Gainesville, FL 32607		
			City/State and Zip Code	
		bblock@conceptcompanies F-mail address: (1)	net to be used for future annual report notif	(ication)
For further int	formation co	oncerning this matter, please co		
Brian A. Bloc	rk, Esq.		352 333-3233 ex	
	Name of	Person	at ()	e Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 Fi		S30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
		Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
X1 ,(1)	<u>ing</u> Address		Street Address:	
	istration S		Registration Sec	rtion

Registration Section
Division of Corporations

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F:1 E1)
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Alachua Copeland Park Investments III, LLC	•			
(Name of the Limited Liability Compa (A Florida Limited	uny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number	were filed on December 8, 2020 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Copeland Labs Building H, LLC				
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 applicable:	1449 SW 74th Drive, Suite 200			
(Principal office address MUST BE A STREET ADDRESS)	Gainesville, Florida 32607			
Enter new mailing address, if applicable:	1449 SW 74th Drive, Suite 200			
(Mailing address MAY BE A POST OFFICE BOX)	Gainesville, Florida 32607			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new regist			
	. 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member Type of Action Title Name Address □Remove ______ □ Change _____ □ Add _____ □Remove _____ □Change □Remove _____ □Change bb∧□ _____ _____ □Change _____ □Add _____ □Remove _____ □Change ______ □Remove

_____ □Change

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