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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 MASER LAND SERVICES LLC

| Certificate of Status | 0 |
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| Certified Copy | 1 |
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Electronic Filing Menu Corporate Filing Menu

Help

From: Lexus Wingo

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

| Name of limited liability Company as it appx | ears on the records of the Florida D | epartment of |
|--|--|---|
| State: MASER LAND SERVICES LLC | | |
| Enter new principal office address, if applicable | <u> </u> | |
| (Principal office address MUST BE A STREET ADDRESS) | | 2021 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | DEC -8 AM |
| 2. The Florida document number of this limited | | |
| 3. Jurisdiction of its organization: North Caroli | | |
| 4. Date authorized to do business in Florida: 0 . | 3/05/2018 | |
| SECTION II (5-9 complete only the applicab | | |
| 5. New name of the limited liability company: {n | Colliers Land Services, LLC nust contain "Limited Liability Con | npany, " "L.L.C.," or "L.L.C.,") |
| (If name unavailable, enter alternate name adoption of the written consent of the managers or must contain "Limited Liability Company," "L. | managing members adopting the alt | usiness in Florida and attach a ternate name. The alternate name |
| 6. If amending the registered agent and/or registered agent and/or the new registered office | tered officer address on our records e address here: | . enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Entow blowish | ı Street Address |
| | 15mer 1 100 ac | Florida |
| - | City | Fiorida Zip Code |
| New Registered Agent's Signature, if changing I hereby accept the appointment as registered a the provisions of all statutes relative to the projud accept the obligations of my position as regiocument is being filed to merely reflect a changliability company has been notified in writing of | igent and agree to act in this capac per and complete performance of m gistered agent as provided for in CI age in the registered office address, | y duties, and Lam familiar with napter 605, F.S. Or, if this |
| | If Changing Registered Agent, Sign | ature of New Registered Agent |

| . If the amendment cl | hanges person, title or capacity in | accordance with 605.0902(1)(e), indicate tha | tchange: |
|-----------------------|--|--|---------------------|
| itle/ Capacity | <u>Name</u> | Address | Type of Actio |
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| aforementioned air | icate, if required; no more than 90 nendment(s), duly authenticated be he law of which this entity is orga | y the official having custody of records in th | □Remo |
| • | Allbydicalis | l. | |
| | Signature of | f the authorized representative | |

Filing Fee: \$25.00



NORTH CAROLINA **Department of the Secretary of State**

To all whom these presents shall come, Greetings:

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF AMENDMENT

OF

COLLIERS LAND SERVICES, LLC

the original of which was filed in this office on the 8th day of December, 2021.





IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 8th day of December, 2021.

Elaine I Marshall

Secretary of State

State of North Carolina Department of the Secretary of State

SOSID: 1636127 Date Filed: 12/8/2021 8:27:00 AM Elaine F. Marshall North Carolina Secretary of State

C2021 341 00596

Limited Liability Company AMENDMENT OF ARTICLES OF ORGANIZATION

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| To To | pe or Print Name and Title |
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| ing fee is \$50. This document must be filed with the REGISTRATION DIVISION | Secretary of State. |

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