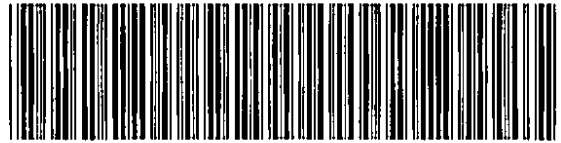


M18000003417



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05/17/18--01 00--00 **25...

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

PAID
CLERK OF STATE
DIVISION OF REGISTRATION
18 AUG 17 AM 10:00

AUG 29 2018

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CIVF V - FL2M01 - M02, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Davis

Name of Person

Taft Stettinius & Hollister LLP

Firm/Company

65 East State Street, 10th Floor

Address

Columbus, Ohio 43215

City/State and Zip Code

davisl@taftlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Davis

Name of Person

at (614) 220-0218

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &
Certificate of Status

\$55 Filing Fee &
Certified Copy

\$60 Filing Fee,
Certificate of Status &
Certified Copy

FILED
DIVISION OF STATE
REGISTRATION OF
CORPORATIONS
AUG 17 AM 10:00
TALLAHASSEE, FLORIDA

**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)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: CIVF V - FL2M01 - M02, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M18000003417

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: April 9, 2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: CIVF V - FL2W03 - W04, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, 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.

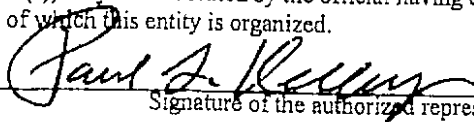
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Paul L. Kelley

Typed or printed name of signee

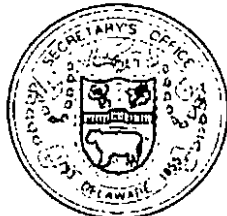
Filing Fee: \$25.00

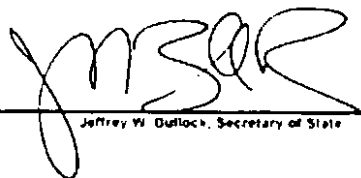
Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "CIVF V - FL2M01 - M02, LLC", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CIVF V - FL2W03 - W04, LLC" ON THE FOURTEENTH DAY OF AUGUST, A.D. 2018, AT 6:08 O'CLOCK P.M.




Jeffrey W. Bullock, Secretary of State

6788132 8320
SR# 20186172494

Authentication: 203251360
Date: 08-15-18

You may verify this certificate online at corp.delaware.gov/authver.shtml

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: CIVF V - FL2M01 - M02, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability Company is: CIVF V
- FL2W03 - W04, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 14th day of August, A.D. 2018.

By: Paul L. Kelley
Authorized Person(s)

Name: Paul L. Kelley

Print or Type