3/28/2019 Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: C T CORPORATION SYSTEM Account Name

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

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONIFEX CROSS CITY LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cunifex Cross City LLC		
(Name of the Limited Liability C (A Florida Li	Company as it now appears on our resords.) mited Liability Company)	,
The Articles of Organization for this Limited Liability Com	pany were filed on 6/28/2013	and assigned
Florida document number M13000004114		1360 1980 HEIC
This amendment is submitted to amend the following:		AR 2
A. If amending name, enter the new name of the limited	d Hability company here:	(A) A (B) A
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address	red office address on our records, is here:	enter the name of the ner
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Pin	rida
بعد عدر	City	Zip Code
New Registered Agent's Signature, if changing Registered A	Agent:	
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com accept the obligations of my position as registered ageing filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this capacity. I fun aplete performance of my duties, and as provided for in Chapter 605, F	S. Or, if this document is
	If Changing Registered Agent, Sinnature o	[New Registered Agent

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

Title	Name	<u>Address</u>	Type of Action
MGR	BW SLC Holdings LLC	40 S.W. 10th Street Cross City, FL 32628	
			≅ Remove
			2016 HAR CORET I AT VALL
MGR	Conifex Holdes LLC	40 S.W. 10th Street Crass City, FL 32628	- R·Add∨ -
		Age	Remove
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MGR	Ken Shields President	40 S.W. 10th Street Cross City, FL 32628	- ⊞ Add
			Remove
			☐ Change
MGR	Yuri Lewis CFO, Secretary	40 S.W. 10th Street Cross City, FL 32628	⊞ Add
			☐ Remove
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