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COVER LETTER

TO: Registration Section
Division of Corporations

... Corporate Property Dispositions, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barry Greenfield

Name of Person

Corporate Property Dispositions, LLC

Firm/Company

4301 Anchor Plaza Parkway, Ste 400

Address

Tampa, Florida 33634

City/State and Zip Code

Barry.Greenfield@cassidyturley.com

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

For further information concerning this matter, please call:

Barry Greenfield

813, 349-8360

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Corporate Property Dispositions, 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 L Florida document number <u>L03000033001</u> | iability Company | were filed on <u>09/02/20</u> | and assigned | | |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the limited liab | pility company here: | | | |
| The new name must be distinguishable and end wi "L.L.C." | th the words "Limi | ited Liability Company." the desig | gnation "LLC" or the abbreviation | | |
| Enter new principal offices address, if applicable: | | 4301 Anchor Plaza Parkway | | | |
| (Principal office address MUST BE A STREE | ET ADDRESS) | Suite 400 | | | |
| · | | Tampa, Florida 33634 | D = 0 | | |
| Enter new mailing address, if applicable: | | 4301 Anchor Plaza Pa | rkway rkway | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | Suite 400 | 7. = 11. | | |
| | | Tampa, Florida 33634 | | | |
| B. If amending the registered agent and/ registered agent and/or the new registered o | | | , enter the name of the new | | |
| Name of New Registered Agent: | Barry Greenfield | | | | |
| New Registered Office Address: | 4301 Anch | or Plaza Parkway, Suite 4 | 400 | | |
| | Enter Florida street address | | | | |
| | Tampa | . Flo | orida <u>33634</u> | | |
| | | 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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Ma MGRM = M | nager 1anaging Member | | |
|----------------------|--------------------------|---------------------------|---------------|
| <u>Title</u> | Name | Address T | ype of Action |
| MGRM | Kenneth R. Stephens, JR | 4301 Anchor Plaza Parkway | ✓ Add |
| | | Suite 400 | Remove |
| | | Tampa, FL 33606 | |
| MGRM | Michael R. Folio | 5660 New Northside Drive | Add |
| | | Suite 1000 | Remove |
| | | Atlanta, GA 30328 | |
| | | | Add |
| | | | Remove |
| | | | |
| | | | Add |
| | | SS: | Remove |
| | | TE ST. | Add |
| | | Add Remove | |
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| | | | Add |
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| Ifam | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| | |
| ted | July 31 . 2013. |
| | Baux An Ireld |
| | Signature of a member or authorized representative of a member |
| | BARRY GREENFIELD Typed or printed name of signce |
| | DHKKU DKEENFIREN |

Page 3 of 3

Filing Fee: \$25.00