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| (Re | questor's Name) | |
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| (Ad | dress) | |
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| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | · | |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| то: | Registration Sec Division of Corp | | | | | |
|----------|--------------------------------------|--|---|--|--|--|
| CUD IE. | Warehouse | 5770, LLC | | | | |
| SUBJE | C1: | Name of Lim | ited Liability Company | | | |
| The enc | losed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please r | eturn all correspo | ndence concerning this matter | to the following: | | | |
| | | Ivana Saud | | | | |
| | | | Name of Person | | | |
| | | JONATHAN H. GREEN, | P.A. | | | |
| | | | Firm/Company | | | |
| | | 800 Brickell Avenue, Suite 1400 | | | | |
| | | | Address | | | |
| | | Miami, Florida 33131 | | | | |
| | | | City/State and Zip Code | | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) | | |
| For furt | her information co | oncerning this matter, please c | all: | | | |
| Ivana S | aud | | 305 372-5100 at () | | | |
| | Name of | Person | Area Code Daytime | Telephone Number | | |
| Enclose | ed is a check for th | e 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

Warehouse 5770 LLC

| (Name of the Lim | ited Liability Compa (A Florida Limited L | ny as it now appears on our liability Company) | records.) | |
|--|---|---|---------------------------------------|-------------------------------------|
| The Articles of Organization for this Limited I Florida document number L05000113107 | Liability Company | were filed on 12/07/16 | | _ and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liabi | lity company here: | | |
| The new name must be distinguishable and contain the | words "Limited Liabil | ity Company," the designation | n "LLC" or the abbre | viation "L.L.C." |
| Enter new principal offices address, if appli | cable: | | - 4 | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | <u>Ch</u> | 28 |
| | | | AHAS: | |
| Enter new mailing address, if applicable: | | | 1974 1970 | 10 I |
| Mailing address MAY BE A POST OFFICE | E BOX) | | FIS | » D |
| | | | ORIDI | ম |
| B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent: Name of New Registered Agent: | Jonathan H. Gre | | ecoras, <u>enter tu</u> | e name of the |
| New Registered Office Address: | | Enter Florida street | address | , |
| | Miami | | , Florida ³³¹³¹ | |
| | | City | | Zip Code |
| New Registered Agent's Signature, if changing | Registered Agent: | | | |
| I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as regulations filed to merely reflect a change in the company has been notified in writing of this | per and complete gistered agent as p pregistered office | performance of my dute rovided for in Chapter | ies, and I am fan 605, F.S. Or, if | niliar with and this document is |

Page 1 of 3

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 **Address Type of Action** □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove 200 □-Change Ü _□ Remove -

☐ Change

| Effective date, if other than the date of filing: | | |
|---|----------------------|--|
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. | | |
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| | :07 (3)(b) as the | f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the 90th day after the record is filed. | of: | |
| Dated DECEMBER 8, 2016 | | DECEMBER 8, 2016 |
| | | |
| Signature of antember or authorized representative of a member | | Signature of antempter or authorized representative of a member |
| JONATHAN H. GREW ESQ AUTHORIZED PERCES | SOUTAT | TENTHON H CATED) TOO -ALTHOUGH REPORT |

Page 3 of 3

Filing Fee: \$25.00