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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	Suburban Centers, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Cheryl Burden			
	-	Name of Person		
	Halvorsen Suburban Cerut	ers, LLC		
		Firm/Company		
	851 S. Federal Highway, S	suite 201		
		Address		
	Boca Raton, Florida 33432	2		
		City/State and Zip Code		
	eburden@halvorsenholding			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information c	oncerning this matter, please c	all:		
Cheryl Burden		561 367-9200 at()		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne 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		Street Address:	tion	
Registration 9 Division of C		Registration Sec Division of Corp		
P.O. Box 632		The Centre of Ta		
Tallahassee, FL 32314		2415 N. Monroe	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Halvorsen Suburban Centers, LLC	1323 JUN - O DIE -
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L10000098489</u>	Company were filed on September 20, 2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registered</u>
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

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

<u>Title</u>	<u>Name</u>	Address 2)29 JUG-9 Pri 6: 57	Type of Action
MGR	Tucker Halvorsen	851 S. Federal Highway, Suite 201	≡ Add
		Boca Raton, Florida 33432	□Remove
			□Change
			□Add
		.	□Remove
			□Change
			□Add
			□Remove
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			🗆 Add
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effective date is listed, the date n e: If the date inserted in this	the date of filing:	
cord specifies a delayed effec s filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
ed June 8	2020	
	Signature of a member or authorized representative of a member	