## LI 000085666

(Ře	equestor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:07	/01/2019		
	Merritt Walker		
	1102569		
Entity Name:	LSFL	HOLDINGS, LLC	
	of Incorporation/Authorizati		2019 JUL 13 13 1
✓ Amendm	ent		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Change of	of Agent		V. 11 - 6.4
Reinstate	ement		
Conversi	on		
☐ Merger			
Dissolution	on/Withdrawal		
Fictitious	Name		
Other			
Authorized Amo	ount:\$25		
Signature:	uw		

F: +852.2682.9790

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LSFL	LHOLDINGS, LLC	
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our record nited Liability Company)	5.)
The Articles of Organization for this Limited Liability Com	pany were filed on 07/26/2011	and assigned
Florida document number L11000085666		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
AG REIT TWO, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	• • • • • • • • • • • • • • • • • • • •
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records.	, enter the name of the nev
registered agent and/or the new registered office address	incre.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flo	rida
<del></del>	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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
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lf an efi <u>Note:</u>	ve date, if other than the date of filing:		
docum	ent's effective date on the Department of State's records.		
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear 90th day after the record is filed.	arlier	of:
Datad	July 1 2019		
Dated	<del></del>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00