L1300006765

(Re	equestor's Name)		
(Ad	dress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	÷ #)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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N. Cuffigan DEC 11 2013



ACCOUNT NO. : I200000000195

REFERENCE : 915679 5014227

AUTHORIZATION : COST LIMIT : \$ 25.00

ORDER DATE : December 10, 2013

ORDER TIME : 11:54 AM

ORDER NO. : 915679-005

CUSTOMER NO: 5014227

DOMESTIC AMENDMENT FILING

NAME: 321 NORTH OFFICE TOWER I, LLC

EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	
CONTACT PERSON: Susie Knight EXT# 52956 EXAMINER'S INITIALS:	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

FILED

2018 DEC 10 AM IO: 14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

224	NODELL	ACCIOE	TOWER		110
3Z I	NONTO		TOVVEN	١,	

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Plorida	Limited Liaolitty Company)	
The Articles of Organization for this Limited Liability Florida document number L13000006765	Company were filed on JANUAR	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the	e designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
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 ad-		cords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flo	rida 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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Address Type of Action Title Name **WEI CHEN** 321 NORTH UNIVERSITY DRIVE MGR PLANTATION, FL 33324 321 NORTH UNIVERSITY DRIVE Add NAN HE MGR PLANTATION, FL 33324 Remove Add Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
Dated DECEMBER 10 2013				
Signature of a member of authorized representative of a member				
PAMELA J. ANSELMO, AUTHORIZED REPRESENTATIVE				
Typed or printed name of signee				

Page 3 of 3

Filing Fee: \$25.00

STORINGE OF STATE