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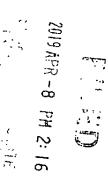
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COVER LETTER

	egistration Se ivision of Coi			
CUD ICCT		arch Park, LLC		
SUBJECT	•	Name of Lin	nited Liability Company	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Paul Cipparone		
			Name of Person	
		Cipparone & Cipparone, F	A.	
		 	Firm/Company	
		1525 International Parkwa	y, Suite 1071	
			Address	
		Lake Mary, Florida 32746		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		pcipparone@cipparonepa.e	om	
		E-mail address: (to be used for future annual report noti	fication)
For further	information co	oncerning this matter, please co	ull:	
Paul Cippa	rone		321 275-5914	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed 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 TO ARTICLES OF ORGANIZATION OF 2019 AFR -8 PM 2: 16

Prime Research Park, LLC

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

(A Fig.	orida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit Florida document number L14000061607		15, 2014 and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here	:
The new name must be distinguishable and contain the words "I	Limited Liability Company," the design	gnation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or represent and/or the new registered office ac	gistered office address on ou ddress here:	ir records, enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	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	Type of Action
MGR	Rasckh, Aya	7680 Universal Blvd., Suite 160	
		Orlando, Florida 32819	B Add
		Ollando, Florida 32019	Remove
MGR	Zaki, Walced	7680 Universal Blvd., Suite 160	
		Orlando, Florida 32819	
			Remove
		, the second sec	Change
			□ Remove
			Cl Change
			□ Add
			C Remove
			Change
			□ Remove
			Change
			Remove
			☐ Change

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cument's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 y filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective face, but not an effective face for the record is filed.	tive time, at 12:01 a.m. on the earlier of
ed March 25 , 2019 ,	
LIA MIN	
Signature of a member or authorized repres	

Page 3 of 3

Filing Fee: \$25.00