Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
        Division of Corporations
        Fax Number      : (850)617-6383

From:
        Account Name    : KOEPPEL LAW GROUP, P.A.
        Account Number  : I20070000064
        Phone           : (561)659-6455
        Fax Number      : (561)659-7006

**Enter the email address for this business entity to be used for future
     annual report mailings. Enter only one email address please.**

        Email Address:_____
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
9000 BURMA ROAD, LLC

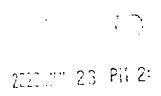|	
Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	$25.00

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

9000 BURMA ROAD, LLC

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

The Articles of Organization for this Limited Liability Company were filed on ___AUGUST 26, 2015___ and assigned
Florida document number ___L15000143517___.

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_____

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new reg</u><u>agent and/or the new registered office address here</u>:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
City   Zip Code

<u>New Registered Agent's Signature, if changing Registered Agent:</u>

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi
provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an
accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document
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, <u>Signature of New Registered Agent</u>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being</u> <u>or removed from our records:</u>

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Act
MGR	BLAKE SMITH	1 OLYMPIC PLACE SUITE 1200	☐Add
		TOWSON, MD 21204	☒Remove
			☐Change
MGR	ANGLER PROPERTIES, LLC	1 OLYMPIC PLACE SUITE 1200	☒Add
		TOWSON, MD 21204	☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change
			☐Add
			☐Remove
			☐Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the record is filed.

Dated _____ 7/27 _____, 2020 .

_____
Signature of a member or authorized representative of a member

JOEL P. KOEPPEL
Typed or printed name of signee

Filing Fee: $25.00