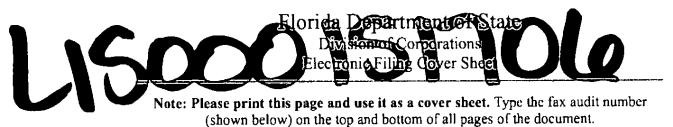
9/21/2020

Division of Corporations



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To:

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Account Name : C T CORPORATION SYSTEM

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Fax Number

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

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT "TO ARTICLES OF ORGANIZATION OF

FCENCOREVENICE,LLC			
(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) ability Company)		_
The Articles of Organization for this Limited Liability Company Florida document number <a href="https://limited.com/limited.c</th><th></th><th> an</th><th>d assigned</th></tr><tr><td>This amendment is submitted to amend the following:</td><td></td><td></td><td></td></tr><tr><td>A. If amending name, enter the new name of the limited liabi</td><td>lity company here:</td><td></td><td></td></tr><tr><td>The new name must be distinguishable and contain the words " liabil<="" limited="" td=""><td>ity Company," the designation "LLC" or</td><td>the abbreviate</td><td>L.L.C."</td>	ity Company," the designation "LLC" or	the abbreviate	L.L.C."
Enter new principal offices address, if applicable:	303InternationalCircle,Stc.200		00000000000000000000000000000000000000
(Principal office address MUST BE A STREET ADDRESS)	Hunt Valley, MD 21030		
		350 -	-
Enter new mailing address, if applicable:	303InternationalCircle,Ste.200	OF ST	ED
(Mailing address MAY BE A POST OFFICE BOX)	Hunt Valley, MD 21030		·
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the na	ame of the new
New Registered Office Address:	EnterFloridastreet address		<u> </u>
	, Floric	la	
	City	Zip(ode
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agraphovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I provided for in Chapter 605, F.S	l am familia S. Or, if this	r with and document is

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	FCEncoreManager,LLC	3500LenoxRoad,NE,Stc.510	
		Atlanta, GA 30326	■ Remove
			Change
MGR	FCEncorePropertiesH.LLC	303InternationalCircle,Stc.200	
		Hunt Valley, MD 21030	□ Remove .
			Remove
		 	<u> </u>
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			□ Change
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e date, if other than the date of filing: (optional) ive 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 6								_ (uptior	FURE TUNY OF STATE	SEP 21 AM 10: 1	_
If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	ımen	t's effective date on the	Department of S	state's recor	rds.						
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nent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier		Oth day after the re	ecord is filed.				•				
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Page 3 of 3

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