To:	Page 2 of 5	2020-09-21 06:48:59 CST	19542080845 From: Ranae McGraw
	9/21/2020	Division of Corporations Floridal Department of State Division of Corporations Electronic Filing Cover Sheet	745
		Note: Please print this page and use it as a cover sheet. Type the fax au (shown below) on the top and bottom of all pages of the documer	
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		To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023	
	т	Phone : (614)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please Email Address:	r future
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FCENCORELAKELAND.LLC				
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000151745</u>	were filed on 09:04/2015 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
A. If a mentang name, enter the new name of the named name	ny company acre.			
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	303InternationalCircle.Stc.200			
(Principal office address MUST BE A STREET ADDRESS)	Hunt Valley, MD 21030			
Enter new mailing address, if applicable:	303InternationalCircle,Ste.200			
(Mailing address MAY BE A POST OFFICE BOX)	Hunt Valley, MD 21030			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>c</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	EmerFloridastreetaddress			
<u> </u>	, Florida Cin: ZipCode			
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

Page 1 of 3

## 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

Title	Name	Address	Type of Action
MGR	FCEncoreManager,I.I.C	3500LenoxRoad,NE,Ste.510	🛛 Add
		Atlanta, GA 30326	Remove
			Change
MGR	FCEncorePropertiesH,LLC	303InternationalCircle,Ste.200	🖬 Add
		Hunt Valley, MD 21030	Remove
			Change
			Add
		<u> </u>	Remove
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			O Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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