(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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10/22/16/8

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	I2000000195
REFERENCE :	450275 8021607
AUTHORIZATION :	Spellecleran
COST LIMIT :	\$ 25.00
ORDER DATE : October 18, 2018	
ORDER TIME : 9:10 AM	
ORDER NO. : 450275-005	
CUSTOMER NO: 8021607	: 전기
DOMESTIC AMEND NAME: BENNETT PARKWAY,	MENT FILING
, and the second	i. au
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPO	RATION
PLEASE RETURN THE FOLLOWING AS PRO	OF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDI	NG
CONTACT PERSON: Roxanne Turner	EXT# 62969

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BENNETT PARKWAY, LLC	
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were	filed on 02/01/2016 and assigned
Florida document number L16000021727	_
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability c	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Cor	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	, - (23)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·
registered agent and/or the new registered office address gere.	ά.
Name of New Registered Agent:	. 2
New Registered Office Address:	
	Enter Florida street address
	Florida
C	7 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>	Name	Address	Type of Action
AMBR	Nathan J Putnam	42606 Lyles Drive Temecula, CA 92592	Add
			■ Remove
			☐ Change
AMBR	Abigail L Putnam	15 Hales Hollow Dover, MA 02030	Add
			☐ Remove
			☐ Change
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If an effective d Note: If the co- document's element of the cord of the second of t	ate is listed, the date managed fate inserted in this feetive date on the pecifies a delay	nust be specific and of block does not me Department of Sta ed effective da ecord is filed.	annot be prior to the the applica ate's records.	o date of filing or r ble statutory filin an effective	nore than 90 days ng requirements	optional) after filing.) Pure, this date will	Summi to 605.0207 not be listed as

Page 3 of 3

Filing Fee: \$25.00