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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **5000-1405B N OCEAN LLC**

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 5000-1405B N OCEAN LLC  |  |                          |
|---|--|--------------------------|
| (Name of the Limited Li<br>(A Fi  | ability Company as it now appears on our records.)  orida Limited Liability Company) |                          |
| The Articles of Organization for this Limited Liabili   | ty Company were filed on 07/05/2016  | and assigned             |
| Florida document number 1.16000127546   |  |                          |
| This amendment is submitted to amend the following  | g:   |                          |
| A. If amending name, enter the new name of the  | limited liability company here:  |                          |
|   |  | 25:                      |
| The new name must be distinguishable and contain the words "  | Limited Liability Company," the designation "LLC" or th                              | e abbreviation "L.L.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 registe agent and/or the new registered office address her | red office address on our records, <u>enter the n</u><br><u>e</u> :                  | nme of the new registere |
| Name of New Registered Agent:   |  |                          |
| New Registered Office Address:  |  |                          |
|   | Enter Florida 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 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         | JTC TRUSTEES (USA) LTD            | 101 S REIDS ST                | CJAdd           |
|              | -                                 | SUITE 307                     | <b>≅</b> Remove |
|              |                                   | SIOUX FALLS, SD 57107         | Change          |
| MGR          | FIC Corporate Services (USA), LLC | 140 N PHILLIPS AVE, SUITE 301 | <b>■</b> Add    |
|              | <del></del>                       | SIOUX FALLS, SD 57104         | □ Remove        |
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| fective date, if other than the distinctive date is listed, the date must bute: If the date inserted in this block cument's effective date on the Department's | e specific and cannot be pr<br>k does not meet the app | ior to date of filing of | iling requirements, tl                | ris date will not be listed |
| ecord specifies a delayed effective d<br>is filed.   | ate, but not an effective                              | e time, at 12:01 a.:     | m. on the earlier of:                 | (b) The 90th day after the  |
| ted October 6th  | 2023   | · ,                      | a                                     |                             |
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|  | mature of a member of at                               | horized representat      | July July                             |                             |

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