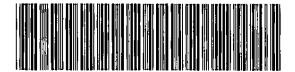
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2023 SEP 13 PH 12: 40







115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 09/13/2023 | |
|----------------------------|--|--|
| Name: | Merritt | |
| Reference #: | 2118602 | |
| Entity Name: | BRO | OWARD 4074 LLC |
| ☐ Article: ☑ Amend ☐ Chang | s of Incorporation/Authoriz dment ge of Agent atement | ation to Transact Business 22 SEP 13 PH 12: 40 |
| ☐ Fictitio | r ution/Withdrawal us Name | |
| Authorized Ar | mount: \$25 | |

F: 800.944.6607

Signature:

mw

F: +852.2682.9790

COVER LETTER

TO:

Registration Section

| Division of Cor | porations | | |
|--|--|---|--|
| Broward 40 | 074 LLC | | |
| SUBJECT: | Name of Lin | ited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Joseph M. Higgins | | |
| | | Name of Person | |
| | Foley & Lardner LLP | | |
| | | Firm/Company | |
| | 150 E. Gilman St., Suite 5 | 000 | |
| | | Address | |
| | Madison, WI 53703 | | |
| | <u> </u> | City/State and Zip Code | |
| | jhiggins@foley.com | | i |
| | E-mail address: (| to be used for future annual report not | ification) |
| For further information c | concerning this matter, please c | all: | |
| Cynthia Joholski | | 608 258-4290 at () | |
| Name o | f Person | | ne Telephone Number |
| Enclosed is a check for ti | he following amount: | | |
| | • | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| | | | |
| Mailing Addres | | Street Address: | |
| Registration Section | | Registration Se | |
| Division of Corporations P.O. Box 6327 | | Division of Co The Centre of | • |
| Tallahassee, | | | pe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Broward 4074 LLC | | | |
|---|---|--|------------------------------|
| (Name of the Lim | ted Liability Comp: (A Florida Limited | nny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited I. Florida document number L16000160353 | iability Company | were filed on August 26, 2016 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | oility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | Foley & Lardner LLP | |
| (Principal office address MUST BE A STREE | | 150 E Gilman St, Suite 5000 | |
| | | Madison WI 53703 | 20 |
| Enter new mailing address, if applicable: | | Foley & Lardner LLP | onvision d 2023 SEP |
| (Mailing address MAY BE A POST OFFICE BOX) | | 150 E Gilman St. Suite 5000 | 3 g |
| | | Madison WI 53703 | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | address on our records, <u>enter th</u> | 7: 7: |
| Name of New Registered Agent: | Cogency Globa | al Inc. | |
| New Registered Office Address: | 115 North Call | noun Street, Suite 4 | |
| | | Enter Florida street address | |
| | Tailahassee | | da <u>32301</u> |
| | | 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.

Mentt Walker, A SSt. Secretary
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 | Joseph M. Higgins | Foley & Lardner LLP | = Add |
| | | 150 E Gilman St, Suite 5000 | □Remove |
| | | Madison WI 53703 | □Change |
| MGR | Carl W. Green | 2700 Date Palin Rd | |
| | | Boca Raton FL 33432 | |
| | | | □Change |
| | | - | DAdd 2023 |
| | | | DIVISION OF CORPORATE 2028 SECTION 13 Change 12: |
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| Effective date, if other than the date of filing: | suant to 605.0207 (3) not be listed as the |
| he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t ord is filed. | th day after the |
| Dated September 12 | |
| Signature of a piember or authorized representative of a member | |
| | |

Filing Fee: \$25.00