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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Addrass:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BLOCK 36 INVESTMENTS MANAGER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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ARTICLES OF ORGANIZATION **OF** 

BLOCK 36 INVESTMEN	•	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records, ability Company)	0
The Articles of Organization for this Limited Liability Company violation for this Liability Company violation for this Liability Company violation for this Liability Company violation for the Liability Company violatio	were filed on 01/04/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabit	ity company here:	
16000 PINES INVESTMENTS SF HOLDINGS MEMBER II, LLC	;	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		5 二
		A service of the serv
		<ul><li>₹ ≈</li><li>2</li></ul>
Enter new mailing address, if applicable:		114
(Mailing address MAY BE A POST OFFICE BOX)	,	· H
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		3 3
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:  Name of New Registered Agent:		enter the name of the ne
The state of the s		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
	, Flo	rida

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				
Title	Name	Address	Type of Action	
			DAdd	
			Remove	
			☐ Change	
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			□ Change	

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D. If amending any other i	nformation, enter change(s) here: (Attach additional sh	ueets, if necessary.)
	A Section of the Comment of the Comm	
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E. Effective date, if other t	hon the date of filing	(optional)
(If an effective date is listed, the Note: If the date inserted it	date must be specific and cannot be prior to date of filing or more than in this block does not meet the applicable statutory filing requirement of State's records.	1 90 days after filing.) Pursuant to 605,0207 (3)(b)
If the record specifies a (b) The 90th day after t	delayed effective date, but not an effective time, a the record is filed.	at 12:01 a.m. on the earlier of:
Dated March 24	2017	
Dateu	anh M May	
	Signature of a member or authorized representative of a me	mber
	Jack M. Maag, Authorized Representative	

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Typed or printed name of signee

Filing Fee: \$25.00