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COVER LETTER

SUBJECT:	Name of Lim		
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The analysis Antislas of	A mandarant and fra(a) are sub-		
	Amendment and fee(s) are sub	-	
Please return all correspond	ondence concerning this matter	to the following:	
	Timothy Green		
		Name of Person	
	T & C Downtown Developm		
		Firm/Company	
-	7000 Orange Blossoff Trail	204 Lainderma	ele Rd, Ste 200
	Orlando, FL 32 309 347 4	87	
	tim@greentreedevelop.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Timothy Green		407 590-6025	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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)
	ING ADDRESS: ration Section	STREET/COURI Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

T & C Downtown Development,	LLC		至至	₹
(Name of the Lim	ted Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	3001 - u .
The Articles of Organization for this Limited L	.iability Compan	y were filed on 01/26/2017	an	d'assigned
Florida document numberL17000020818	<u>.</u>			
	a document number L17000020818 Immendment is submitted to amend the following: amending name, enter the new name of the limited liability company here: we name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: Cipal office address MUST BE A STREET ADDRESS) The mailing address, if applicable: In a mailing address, if applicable: Cing address MAY BE A POST OFFICE BOX) The amending the registered agent and/or registered office address on our records, enter the name of the new			
The Articles of Organization for this Limited Liability Company were filed on O1/26/2017 and assigned Florida document number L17000020818 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" or the abbreviation "LLC" or the abbreviation "LLC". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: Timothy Green				
The new name must be distinguishable and contain the	words "Limited Liab	oility Company," the designation "L	J.C" or the abbreviation	on "L.L.C."
Enter new principal offices address, if appli	cable:	9100 Could	y Winder	2male Rd
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	Ste 200 Orlando	FL34	187
Enter new mailing address, if applicable:		9100 Cone	as Winds	imere Rd
(Mailing address MAY BE A POST OFFICE	BOX)			
		Delando, 1	FL 34 ⁻	187
			rds, <u>enter the n</u>	ame of the new
Name of New Registered Agent:	Timothy Gree	en		
				Windornele
	Orlando		22000	34747
		City	Florida 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 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

<u>Title</u>	Name	Address	Type of Action
			□ Add
		·	☐ Remove
			☐ Change
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. Effective date, if other than the of (If an effective date is listed, the date must	be specific and cannot be	oe prior to da	te of filing or more	than 90 days after	ional) er filing.) Pursua	nt to 605.0	207 (3
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the	applicable	statutory filing r	equirements, th	is date will no	t be listed	as th
the record specifies a delayed b) The 90th day after the reco	effective date, b rd is filed.	ut not an	effective tin	ne, at 12:01	a.m. on the	earlier	of:
Dated September 14	2018						
	 -	 ·					
)						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00