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(Requ	estor's Name)	
(Addre	ess)	
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(City/S	State/Zip/Phone	e #)
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(Docu	ment Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
CUD IE		do S. Orange Ave. LLC		
SUBJE	UI;	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Terese Cerna Driscoll		
			Name of Person	
		Surterra Holdings, Inc.		
			Firm/Company	
		1175 Peachtree Street NE	(10th floor)	
			Address	
		Atlanta, GA 30361		
			City/State and Zip Code	
		teernadriscoll@surterrahold	lings.com to be used for future annual report notific	untion)
				acion)
For furth	ner information co	oncerning this matter, please ca	all:	
Terese (Cerna Driscoll		404 920-4890, ext.	. 505
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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 ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SWC Orlando S. Orange Ave. LLC (Name of the Limited Liability Compa (A Florida Limited Liability Compa)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000080414</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" o	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		8 F 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1
Enter new mailing address, if applicable:	110 North 11th Street, 2nd Floor	19 19 19 19 19 19 19 19 19 19 19 19 19 1
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33602	<u> </u>
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the no
New Registered Office Address:	Enter Florida street address	
	, Flori	ida
	City	Zip Coae

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>	<u>Name</u>	Address	Type of Action
MGR	Surterra Florida, LLC	110 N. 11th St., 2nd Floor	Add
	Tampa, FL 33602	_ □ Remove	
			Change
		_	Add
			☐ Remove
			Change
			Remove
			Z Change
	-	_	Add Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			☐ Change

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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	date of filing:
	d effective date, but not an effective time, at $12\colon\!01$ a.m. on the earlier ord is filed.
The 90th day after the rec	
March 29	2018
March 20	$\frac{2018}{\mathcal{D}}$
The 90th day after the rec Dated March 29	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00