10/18/2017



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From:	Account Name : C T CORPORATION S' Account Number : FCA200000023 Phone : (512)418-5949 Fax Number : (954)208-0845		
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TO:

Registration Section

COVER LETTER

Div	ision of Cor	porations		
CUDUCTE		Properties No. 70, LLC		
SUBJECT:		Name of Lim	ted Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	ali correspo	indence concerning this matter	to the following:	
		Ted Scholhamer		
			Name of Person	
		Schothamer Business Law.	LLC	
			Firm Company	
		1481 Wampanoag Trail		
			Address	
		East Providence, R1 02915		
			City/State and Zip Code	
		ted(a)scholhamerlaw.com	o be used for future annual report not	theatian)
For further i	nformation c	oncerning this matter, please ea		
Ted Scholla	amer		401 533-0218	
<u></u>	Name o	d Person	at () Area Code Daytim	ne Telephone Number
Enclosed is	a check for th	he following amount:		
\$25,001	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:	STREST/COUR Registration Section	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

John Street Properties No. 70, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000094435</u>	oany were filed on Apr	128, 2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company her	<u>c</u> :
The new name must be distinguishable and contain the words "Limited I	iability Company," the de	ignation "LLC" or the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	ઇ	
Enter new mailing address, if applicable:		~ <u>`</u> ` ` `
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:	d office address on here:	our records, enter the name of the new
New Registered Office Address:	EnterFlori	lastreet widress
<u></u>		, Florida
	Ciŋ	ZipCode
New Registered Agent's Signature, if changing Registered Ag		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of t as provided for in C	ny chities, and I am familiar with and hapter 605, F.S. Or, if this document is
īr	Changing Registered Ag	nt, 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>	Name	Address	Type of Action							
MGR	John Street Properties, LLC	1121 Edgewater Drive								
		Orlando, FL 32804	≅ Remove							
			Change							
AMBR	John Street Properties, ULC	1121 Edgewater Drive	Add							
		Orlando, FL 32804	☐ Remove							
			Change							
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