#### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

Account Number : I20030000112 Phone : (239)552-4100 Fax Number : (239)649-0158

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1960 FLEMING LNT, LLC

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ALLAHASSEE, FLORIDA

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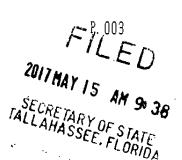
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### **COVER LETTER**

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# (((H17000132501 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



1960 FLEMING LNT, LLC

company has been notified in writing of this change.

:

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on May 2, 2017 and assigned  Florida document number L17000097404
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
2000 FLEMING LNT, LLC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
在 <b>科技</b> 器的知识。
Enter new mailing address, if applicable Common Com
(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 ner registered agent and/or the new registered office address here:
registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida sweet address  A. The second of the second o
One 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

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

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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 = M $AMBR = A$	lanager uthorized Member	
<u>Title</u>	<u>Name</u>	Address

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Page 2 of 3

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