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SUBJECT:	SWC Pensa	icola, LLC				
SOBJECT.		Name of Lim	ited Liability Company			
The enclose	d Articles of	Amendment and fee(s) are sub	unitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Terese Cerna Driscoll				
			Name of Person		-	
		Surterra Holdings Inc.				
Firm/Company						
3340 Peachtree Road, NE, Ste. 1010						
	Address					
		Atlanta, GA 30326			2017 SEC TALL	
	City/State and Zip Code					
teernadriscoll@surterraholdings.com E-mail address: (to be used for future annual report notification)					16	r
For further i	information co	oncerning this matter, please c	•	Rationy	2017 AUG 16 A 10: SECRETARY DE ALLAHASSEE, FLOR	
Terese Ceri	na Driscoll		404 920 4890, ex	t. 505): 31 DRIDA	
	Name of	f Person	Area Code Daytime	e Telephone Numbe	er	
Enclosed is	a check for th	ne following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	rate of Status &	

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 Pensacola, LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our red d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L17000125198</u> .	ny were filed on June 7, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "	ELC" or the abbreviation "L.L.C."
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)		AUG 16 A IO:
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		86 31
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	ddress
	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

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>	<u>Address</u>	Type of Action
MGR	Surterra Holdings, LLC	1639 Village Square Blvd	
		Tallahassee FL 32309	■ Remove
			Change
MGR	Surterra Florida, LLC	WeWork c/o Surterra Florida	= Add
		1175 Peachtree St. NE, Atlanta, G/	Remove
			☐ Change
			Add
			Remove Remove Change SSEE C
			FLORIDA DE Move
			Change
			Remove
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this cument's effective date on the	ast be specific and colock does not me	annot be prior to eet the applicab	date of filing or r le statutory filii	ore than 90 days	optional) after filing.) , this date	Pursuant will not b	to 605,020' be listed as
record specifies a delayd The 90th day after the re	ed effective da cord is filed.	ite, but not	an effective	time, at 12:	01 a.m. (on the	earlier o
August 14		2017					
	NID.		-				
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Filing Fee: \$25.00