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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail	Address:		_
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN C-4 RE HOLDINGS LLC

Certificate of Status	0
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Help

From: Keity Toon

To:

7.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C-4 RE Holdings LLC	•	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Liability Company)	1)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on June 9, 2017	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:	
C-4 TPP Holdings LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
	Emer Florida street address	
 -	, Flor	rida
New Registered Agent's Signature, if changing Registered Agent:	Cuy	. Ap Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and provided for in Chapter 605, F	U am familiar with and "S. Or, if this document is the limited liability
company has been notified in writing of this change.		;; <u>;</u>
		$\dot{\omega}$
		
If Char	iging Registered Agent, Signature of	ivew Registered Agent

From: Kaity Toon

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	Kristin Casas	12580 Sunnydale Drive	□Add
		Wellington, Florida 33414	■Remove
			□Change
MGR	ERC, Inc., an Illinois Corporation	12580 Sunnydate Drive	■Add
		Wellington, Florida 33414	□Remove
			Change
			CTAdd
			DAdd
			CRemove
			D'Change
			□ Add
			□Remove
			□ Change
		······································	□Add
			⊆ Remove
			Change

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		<u></u>			
ffective	date, if other than the date	e of filing:		(optional)	605.030
<u>lote:</u> If t	re date is listed, the date must be s he date inserted in this block of	does not meet the applic	able statutory filling requ	airements, this date will no	it be listed a
ocument'	s effective date on the Depart	ment of State's records			
record sp I is filed.	ecifies a delayed effective dat	e, but not an effective t	me, at 12:01 a.m. on the	earlier of: (b) The 90th	day after the
	December 4	2023	·		
ated					
ated					