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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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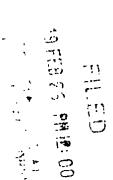
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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT		er One, LLC		
SUBIRCI	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Karen M. Brown, Esq.		
			Name of Person	
		Swann Hadley Stump Die	etrich & Spears, P.A.	
		-	Firm/Company	
		200 E. New England Ave.	Suite 300	
			Address	
		Winter Park, Fl. 32789		
		-	City/State and Zip Code	
		phil.mays@rocapoint.com		<u>~</u>
		E-mail address: (to be used for future annual report notif	fication)
For further	information co	oncerning this matter, please ca	all:	
Karen M	. Brown, Esq.		407 647-2777	
	Name of	Person	Area Code Daytime	2 Telephone Number
Enclosed is	s 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

PV Tower One, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.17000231646}{1.17000231646}$.	pany were filed on November 8, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	liability 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	<u> </u>	·
		· ••••
		13. 15
Enter new mailing address, if applicable:		النا ش
(Mailing address MAY BE A POST OFFICE BOX)	·	
		. 0
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, <u>en</u> <u>here</u> :	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	a
	City	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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Phillip J. Mays	309 East Paces Ferry Road Suite 825, Atlanta, Georgia 30305	■ Add
			□ Remove
			Change
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reffective date is li <u>te:</u> If the date in	sted, the date must be sp	pecific and cannot be p oes not meet the ap	orior to date of filing o plicable statutory f	(op r more than 90 days an ling requirements, th	er tiling.) Pursuant to 605.01 his date will not be listed
record specif he 90th day	ies a delayed effo after the record i	ective date, but s filed.	not an effectiv	e time, at 12:01	a.m. on the earlier
edFebruary	19	2019	- 1		
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00