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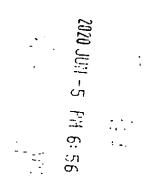
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COVER LETTER

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 03 22 2018 and assigned Florida document number 180000 71864
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: THAFLL Ê ASSOCIATES Properties, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: Georgean H. Machulis New Registered Office Address: 9601-59 Miccosukee Rozi) Enter Florida street address
Tallahassee, Florida 32309 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.

M Changing Registered Agent, Signature of New Registered Agent

or removed fr	om our records:						
MGR = Mai AMBR = Aut	nager thorized Member		1.1				
<u>Title</u>	<u>Name</u>	Address	2020 JUH -5	PH 6: 56	Type of Action		
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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:

N/A	
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Tective date, if other than the date of fili	ling: (optional)
ore: He are dure miseried in fills block does hot	and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 of meet the applicable statutory filing requirements, this date will not be listed a
ocument's effective date on the Department of	of State's records.
erord specifies a delayed affective data had a	
is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
31	
ated Mxy 12, 2020) ,
Sy11 2 11	•
Signature of a	a member or authorized representative of a member
1 /	