L/8000/24502

(Requ	estor's Name)	
(Addr	ess)	<u> </u>
(Addr	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busir	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	





500315266895

JUN 2 9 2018

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 279335 791394	4
AUTHORIZATION: Spelle Read	<u>ر</u>
COST LIMIT : \$25.00	
ORDER DATE : June 28, 2018	
ORDER TIME : 10:18 AM	
ORDER NO. : 279335-015	
CUSTOMER NO: 7913944	
DOMESTIC AMENDMENT FILING	
NAME: 9400 SW 137TH AVENUE OPERATIONS, LLC	
EFFECTIVE DATE:	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION	
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner -- EXT# 62969

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	enue Operations, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000124522</u>	were filed on May 17, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	ollity company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "LLC" or	the abhreviation "L. L.C."
Enter new principal offices address, if applicable:	5102 W. Laurel Street	the intervaling 12.2.c.
(Principal office address MUST BE A STREET ADDRESS)	Suite 700	
	Tampa, FL 33607	රා
Enter new mailing address, if applicable:	5102 W. Laurel Street	₽\- (<u> </u> #
(Mailing address MAY BE A POST OFFICE BOX)	Suite 700	2.1
-	Tampa, FL 33607	ğ'.
10 16 20 About 20	fC 11	· 59
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>N</u> ame	Address	Type of Action
AMBR	MLNM Master Tenant, LLC	5102 W. Laurel Street, Suite 700	□ Add
		Tampa, FL 33607	□ Remove
			☐ Change
			Add
			☐ Remove
			□ Change
			□ R¢move
			Change
			D Add
		Remove	
			□ Change
			Add
			□ Remove
			Change
			□ Remove
			Change

_		
		-
_		-
		_
		_
		_
		-
_	·	
_		
		•
		-
		-
		_
		•
	•	Þ
		•
		•
ocomen	inte, if other than the date of filling:	cd n:
recor The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli h day after the record is filed.	er o
<u>ح.</u> اهاد	JUNE 27 , 2018	
	the nature of a member or full-horized representative of a mornber	

Page 3 of 3

Filing Fee: \$25.00