L18000124573

		
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(City	/State/Zip/Phone i	(#)
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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K. SALY JUN 2 9 2018 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 279335 7913944

AUTHORIZATION: Spelle Rena

COST LIMIT : \$ 25.00

ORDER DATE : June 28, 2018

ORDER TIME : 9:58 AM

ORDER NO. : 279335-025

CUSTOMER NO: 7913944

DOMESTIC AMENDMENT FILING

NAME: 5901 NW 79TH 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

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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STATED

5901 NW 79th Ave	enue Operations, LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000124573	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 liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	5102 W. Laurel Street
(Principal office address MUST BE A STREET ADDRESS)	Suite 700
	Tampa, FL 33607
Enter new mailing address, if applicable:	5102 W. Laurel Street
(Mailing address MAY BE A POST OFFICE BOX)	Suite 700
	Tampa, FL 33607
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	, ———
Name of New Registered Agent:	
New Registered Office Address:	Enter Floridu street address
	, Florida
	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> Name</u>		Address	Type of Action		
AMBR	MLNM Master Tenant, LLC	5102 W. Laurel Street, Suite 700			
		Tampa, FL 33607	□ Remove		
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Meetive date, if other an effective date is listed lote: If the date insert ocument's effective di			date of filing or mane du statutory filing re	(optional) than 90 days other (filing.) quirements, this date () Pursum to 605.0207 (3) will not be listed as the	(b)
e record specifies. The 90th day after	a delayed effectiver the record is fil	ve date, but not ed.	an effective time	a, at 12:01 a.m. c	on the earlier of:	
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	alternation of the same			_		
	Signature (of a mediher or nuthuri	son representative of u	пения		

Page 3 of 3

Filing Fee: \$25.00