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C. GOLDEN

DEC -1 2018

COVER LETTER

Divi	ision of Corp	oorations		
SUBJECT:	PÁRC CEN	TRE BRANDON, LLC		
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return	ail correspon	dence concerning this matter	to the following:	
		Andrew Hoek		
			Name of Person	
		DEWITT LAW FIRM, P./	\	
Firm/Company				
		607 W. BAY STREET		
			Address	
		TAMPA, FL 33606		
			City/State and Zip Code	
		andrewhoek@dewittlaw.cor		
		E-mail address: (t	to be used for future annual report notif	dication)
For further in	formation co	ncerning this matter, please ca	all:	
Andrew Hoe	k		813 251-2701	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	iling 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

TO:

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

FILED

2018 NOV 20 PM 1:41

PARC CENTRE BRANDON, LLC		St. " HE AT STITE
(<u>Name of the Limited Lin</u> l (A Flor	ollity Company as it now appears on ida Limited Liability Company)	OUR PECONDS.) TALE AHASSEE. FL
The Articles of Organization for this Limited Liability	Company were filed on $\frac{05/237}{2}$	2018 and assigned
Florida document number 1.18000129575	·	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the li	mited liability company here;	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD.	DRESS)	
		
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a		r records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
		Ploutdo
	City	, Florida 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

1 - 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

Title -	· <u>Name</u>	Address	Type of Action
AMBR	CAG LOGISTICS MANAGEMENT SERVICES,	1936 BRUCE B. DOWNS BLVD	□ Add
		WESLEY CHAPEL, FL 33544 UN	■ Remove
			Change
MGR	PATHMANATH DESILVA	1936 BRUCE B. DOWNS BLVD, SUITE 176	_ ≣ Add
		WESLEY CHAPEL, FL 33544	Remove
			Change
			Add
			Remove
			Change
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		-	☐ Remove
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Effective date, if other than the (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the Do	t be specific and cannot be prior ock does not meet the applic	able statutory filing requi		
he record specifies a delayed The 90th day after the reco		ot an effective time,	at 12:01 a.m. on the ea	arlier of:
Dated November 19	2018			
	1	Tarmanah	2, 2 Stor	
		1 (

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Typed or printed name of signee

Filing Fee: \$25.00