118000217332

| (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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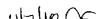
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COVER LETTER

| TO: Registration Se Division of Cor | | | | | |
|---|--|---|--|---|--|
| | ORTH RIVER I LLC | | | | |
| SUBJECT: | Name of Lim | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | KIM GUZZO | | - 7-2 | | |
| | | Name of Person | ; | _ | |
| | CASTO | | ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・ | • | |
| | | ; | | | |
| | 250 CIVIC CENTER DRI | VE, SUITE 500 | | • | |
| | Address | | | | |
| | COLUMBUS OH 43215 | | | | |
| | KGUZZO@CASTOINFO. | City/State and Zip Code | | | |
| | E-mail address: (| to be used for future annual report notifi- | cation) | | |
| For further information c | oncerning this matter, please ca | all: | | | |
| KIM GUZZO | | 614 227-3497 at () | | | |
| Name o | f Person | | Telephone Number | | |
| Enclosed is a check for the | ne 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) | | |
| Registr | ING ADDRESS: | STREET/COURIE Registration Section | | | |
| Division of Corporations Division P.O. Box 6327 Clifton I | | | tions | | |

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CASTO NORTH RIVER I LLC | | |
|--|---|-----------------------|
| (Name of the Limited Liab) (A Flori | ility Company as it now appears on our records.) da Limited Liability Company) | |
| he Articles of Organization for this Limited Liability | Company were filed on SEPTEMBER 13, 2018 | and assigned |
| lorida document number L18000217332 | · | |
| nis amendment is submitted to amend the following: | | |
| If amending name, enter the new name of the lin | nited liability company here: | |
| ASTO CENTER POINT MOB LLC | | 6.7 |
| e new name must be distinguishable and contain the words "Li | mited Liability Company," the designation "LLC" or the | abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | 3 |
| rincipal office address MUST BE A STREET ADD | ORESS) | -3 |
| | | , ; TT |
| | | |
| nter new mailing address, if applicable: | | |
| failing address MAY BE A POST OFFICE BOX) | | |
| duting duaress MAT BE ATOST OFFICE BOX | | |
| | | |
| If amending the registered agent and/or reg | istered office address on our records, ente | r the name of the |
| gistered agent and/or the new registered office ad | | the name of the |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida 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 Title Title <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change _□ Add Remove _□ Change ☐ Remove _ Change _□ Add _□ Remove _□ Change _□ Add ☐ Remove _□ Change

| If amending any other inf | ormation, enter c | hange(s) here: | (Attach additional | sheets, if necesso | ary.) | |
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| Effective date, if other that (If an effective date is listed, the da Note: If the date inserted in the document's effective date on | te must be specific and his block does not r | d cannot be prior to neet the applicab | date of filing or more th | (optiona nan 90 days after filir uirements, this da | ig.) Pursuant to 6 | 05.0207 (3 sted as th |
| he record specifies a de The 90th day after the | | | an effective time | , at 12:01 a.m | , on the ear | lier of: |
| Dated October | 25 th | , 2018 | | | | |
| Line | LO Loo | 2 | | | | |
| | Signature of a | member or authori: | zed representative of a | member | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00