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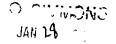
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SECRETARY OF STATE
ALLAHASSEE FLORIDA



COVER LETTER

Division of Co			
LOCKWO SUBJECT:	OOD DEVELOPMENT PART	NERS LLC	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	EDWARD R. DOVNER		
	LOCKWOOD DEVELOR	Name of Person PMENT PARTNERS LLC	
	1880 NE 163rd STREET,	Firm/Company SUITE 200	
	NORTH MIAMI BEACH	Address , FL 33162	<u>. </u>
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Name o	f Person	at () Area Code Daytime	e Telephone Number
		Jaca Coas Dayana	rerephone Number
Enclosed is a check for the	ne following amount:		
■ S25.00 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)

MAILING ADDRESS: 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

LOCKWOOD DEVELOPMENT PARTNERS LLC

(Name of the Limited Liability Compa (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>L18000237594</u> .	were filed on 12/05/2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	1880 NE 163rd STREET, SUITE 200		
(Principal office address MUST BE A STREET ADDRESS)	NORTH MIAMI BEACH, FL 33162		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, enter the name of the re:		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

.. amenuing 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>Name</u>	Address	Type of Action
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			Remove
			☐ Change
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ective date, if other th	an the date of filing:		(opti	ional)	
	date must be specific and cannot this block does not meet		r more than 90 days afte	r filing.) Pursuant to 605	
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he 90th day after t	elayed effective date he record is filed.	, but not an ellectivi	e time, at 12:01	a.m. on the earn	er or;
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Typed or printed name of signee

Filing Fee: \$25.00