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JUL 19 2019 M. SOLOMON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 850046 4321040 AUTHORIZATION COST LIMIT ORDER DATE : July 17, 2019 ORDER TIME : 8:56 AM ORDER NO. : 850046-005 CUSTOMER NO: 4321040 DOMESTIC AMENDMENT FILING NAME: 877 7TH STREET 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

COVER LETTER

| | Registration So Division of Co | | | |
|-------------------|-----------------------------------|--|---|--|
| SUBJEC | _ | treet LLC | | |
| 50200 | | Name of Lin | ited Liability Company | |
| | | Amendment and fee(s) are sub ondence concerning this matter | - | |
| | | Carlen C. Sellers | | |
| | | | Name of Person | |
| | | Schiff Hardin LLP | | |
| | | | Firm/Company | |
| | | 233 S Wacker Drive, Ste. | 7100 | |
| | | | Address | |
| | | Chicago, IL 60606-6446 | | |
| | | csellers@schiffhardin.com | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report not | lication) |
| For further | r information c | oncerning this matter, please c | all: | |
| Carlen Se | llers | | 312 258-4526 | |
| _ | Name o | f Person | | e Telephone Number |
| Enclosed i | s a check for th | 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) |
| | MAIL | ING ADDRESS: | STREET/COURI | ER ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 877 7th St | reet LLC | | |
|--|---|--------------------------------|--|
| (Name of the Limited Liability Compar (A Florida Limited L | iv as it now anner (ability Company) | ars on our records.) | |
| The Articles of Organization for this Limited Liability Company Florida document number | were filed on _ | 1/14/2019 | and assigned |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabi | lity company h | <u>iere</u> : | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the | designation "LLC" or the abbr | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | Fig. 28 |
| (Principal office address MUST BE A STREET ADDRESS) | | | ٠ ١٠ <u>١</u> ي |
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| | | - , · · | in the contract of the contrac |
| Enter new mailing address, if applicable: | | | |
| • | | | <u>مبر المبرة</u> |
| (Mailing address MAY BE A POST OFFICE BOX) | | | स्ं र्रं |
| B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here | | n our records, <u>enter th</u> | ie name of the nev |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flo | orida street address | |
| | | , Florida | |
| | City | | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent; | | | |
| I hereby accept the appointment as registered agent and agre- | e to act in this | canacity I further agree | e to comply with the |

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>Name</u> | Address | Type of Action |
|--------------|------------------------------------|---------------------------------------|----------------|
| AMBR | Katherine G. Sproul | 2640 Golden Gate Pkwy. Ste 105 | |
| | | Naples, FL 34105 | ■ Remove |
| | | | ☐ Change |
| AMBR | Katherine G. Sproul Decl. of Trust | 2640 Golden Gate Pkwy, Ste 105 | = Add |
| | | Naples, FL 34105 | Remove |
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| Effective date | e, if other than th the is listed, the date ma ate inserted in this b fective date on the I | ust be specific and o block does not me | cannot be prior t eet the applica | to date of filing able statutory f | or more than 90 o | _ (optional) lays after filing.) ents, this date w | Pursuant to 605,0207 vill not be listed as |
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| If an effective da Note: If the da document's eff ne record sp | pecifies a delayed day after the re- | ed effective da cord is filed. | ale, DUC NOI | an enecuv | e time, at 1 | 2:01 a.m. o | n the earlier of |
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Page 3 of 3

Filing Fee: \$25.00