10/25/21, 11:44 AM

## Division of Corperations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address	·					
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **SEAPORT 2, LLC**

Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Or .	ARA DCT
SEAPORT 2. LLC		T 25 PI
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	PH PH
		STA LOR
The Articles of Organization for this Limited Liability C	Company were filed on 02/22/2019	and Expensed L. S. L. S.
Florida document number L19000047292	<u>_</u> .	₽ <b>U</b>
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	And the second s	
(Principal office address MUST BE A STREET ADDI	(ESS)	
Enter new mailing address, if applicable:		
(Muiling address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the na</u>	me of the new registered
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 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	Rodney Robinson	5104 Stage Rd.	
		Memphis, TN 38134	_
			(a) Change
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D. If amending any other inforc	nation, enter change(	(s) here: <i>(Att</i>	ach additional sheets,	if necessary)			
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E. Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	nust be specific and cannot block does not meet the	be prior to date e applicable st	of filing or more than 90 day	(optional) ys after filing.) Purs ts, this date will i	uant to 605. not be liste	.0207 (3 ed as th	BK(b) ic
If the record specifies a delayed effecteord is filed.	tive date, but not an effe	ective time, at	12:01 a.m. on the earlier	of: (b) The 90t	h day after	the	
David October 25	202	1			SEC MLL,	2021	
Dated	, , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·	pal		AHASS	2021 OCT 25	-ก
	Signature of a member	or authorized r	epresentative of a member		33 × 0	25	FILED
Joseph Panholzer, At	tornev-in-Fact				EE. FLO	P 3	O
70seph i amonzei, At	·	or printed name	e of signee		TATE ORIO	မှ	

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