L19 000/04491

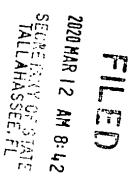
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations CP REST T545, LLC 🕏 SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jim Stockman Name of Person Firm/Company 2579 SW 87th Drive Address Gainesville, FL 32608 City/State and Zip Code Jim@VikingCompanies.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jim Stockman Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ■ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

CP REST T545, LLC

(Name of the Limited Liabi (A Flori	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L19000104491	Company were filed on 04/16/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202
(Principal office address MUST BE A STREET ADD	DRESS)	AC O
		>: 20 <u></u>
Enter new mailing address, if applicable:		2 AH ASSEE
(Mailing address MAY BE A POST OFFICE BOX)		8:12
B. If amending the registered agent and/or register agent and/or the new registered office address here		ame of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	7: 6:1
Now Desired Association of the state of the	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 t 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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SHD Ventures, LLC	2579 SW 87TH DRIVE	□Add
		GAINESVILLE, FL 32608	■ Remove
			□Change
MGR SHD-Celebration Pointe, LLC	SHD-Celebration Pointe, LLC	2579 SW 87TH DRIVE	■Add
		GAINESVILLE, FL 32608	□Remove
			□Change
		<u> </u>	□Add
			Remove
			Change
			□Add
		□Remove	
		<u></u>	□Change
			□Add
			□Remove
			□Change
			□Add
			Remove

No	ective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the stilled.
record	