Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP

Account Number : I20160000081 : (407)839-4277 : (407)839-4264 Phone Fax Number

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

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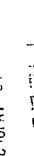
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CLN/JPS TOWER, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLN/JPS TOWER, LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records. la Limited Liability Company))
The Articles of Organization for this Limited Liability Florida document number 1,19000156679	Company were filed on 06/21/2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "ELC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		j. (a. 22)
(Principal office address MUST BE A STREET ADD	RESS)	28 JUL 10
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		70 A
		# <u>*</u> 2
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		enter the name of the new
The state of the s		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floridu street address	
		rida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James P. Sulfivan	3917 N. Abingdon St.	
			■ Add
		Arlington, Virginia 22207	_
			☐ Remove
			☐ Change
	Christopher L. New	9518 Kingsbury Court	Change
MGR	Christopher E. Wen		Add
		Windermere, Florida 34786	
			☐ Remove
			Change
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Mective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	block does not meet the applica	o date of filing or more than 90 d ble statutory filing requireme	(optional) sys after filing.) Pursuant to 605,0207 nts, this date will not be listed as
e record specifies a delay The 90th day after the re		an effective time, at 17	2:01 a.m. on the earlier of
ated July 10	2019		
	- / _	 '	

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