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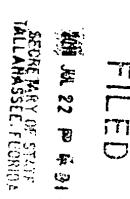
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	





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JUL , ...

## **COVER LETTER**

Divi	ision of Corpo	orations		
SURJECT	Susqehanna (	QOF, LLC		
Solution.		Name of Limi	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subi	nitted for filing.	
Please return	all correspond	dence concerning this matter t	to the following:	
		Tucker J. Thoni, Esq.		
		-	Name of Person	
		GrayRobinson, P.A.		
			Firm/Company	<del>_</del>
		301 East Pine St., Ste. 1400	)	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	·····
		tucker.thoni@gray-robinson		
		E-mail address: (t	o be used for future annual report r	otification)
For further in	formation con	cerning this matter, please ca	11:	
Tucker J. The	oni		407 310-9288	
	Name of P	erson	at () Area Code Days	time Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 Fi	iling 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:

TO:

**Registration Section** 

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

FILED

W JA 22 P 6 34

Susqehanna QOF, LLC

(Name of the Limited Liability Company as it now appears on our period A SSEE, FLORIDA

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C	Company were filed on June 19, 2019	and assigned
Florida document number L19000161171	<u>_</u> :	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Susquehanna QOF, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del>-</del>	
B. If amending the registered agent and/or regis		nter the name of the
registered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
<del></del>	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 adde or removed from our records:

MGR = Manager

AMBR = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			□ Remove
			Change
			Add
			□ Remove
		<del></del>	Change
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-	
Note	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier e 90th day after the record is filed.
Dated	July 9 , 2019
	Signature of a member or authorized representative of a member  MATTHEW WIDEMAN  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00