Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE 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:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MACARI HOLDINGS II, LLC

Certificate of Status	()
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Page Count	04
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MACARI HOLDINGS II, LLC					
(Name of the Limited Liability Comp (A Florida Limited	pany as It now appears on our r Liability Company)	ecords,)			
The Articles of Organization for this Limited Liability Compan	y were filed on 10/10/2019	and assigned			
Florida document number 1.19000245838					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and contain the words "Limited Liab	rility Company," the designation	"LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
		\$3 \$3 \$3			
		<u>(3</u>			
B. If amending the registered agent and/or registered office	address on our records, e	nter the name of the new registered			
agent and/or the new registered office address here:					
		7.			
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office Address.	Enter Florida street a	address CO			
		129 - 7.1			
	City	, Florida Zip Code			
	*	r			

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>	Name	Address	Type of Action
MGR	JTC TRUSTEES (USA) LTD.	140 N PHILLIPS AVE, SUITE 301	□Add
		SIOUX FALLS, SD 57104	≡ Remove
			☐ Change
MGR	FTC Corporate Services (USA), LLC	140 N PHILLIPS AVE, SUITE 301	∰Add
		SIOUX FALLS, SD 57104	🗆 Remove
			Change
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Effective date, if other than the d	be specific and cannot be ck does not meet the a	pplicable statutory f	or more than 40 days af	tional) er filing.) Pursuant to 60 his date will not be lis	5.0207 ted as
Note: If the date inserted in this bloc locument's effective date on the Dep					
Note: If the date inserted in this bloc		ive time, at 12:01 a.	m. on the earlier of:	(b) The 90th day afte	er the
Note: If the date inserted in this bloc document's effective date on the Dep record specifies a delayed effective		ive time, at 12:01 a.	m. on the earlier of:	(b) The 90th day afte	er the
Note: If the date inserted in this block document's effective date on the Depter record specifies a delayed effective d is filed. September 11th	date, but not an effect	Julylu	w\	(b) The 90th day afte	ei the