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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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Office Use Only



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TO: Registration Section Division of Corporations

SUBJECT: 5th Floor Program Management, LLC 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:

Cynthia Novoa

Name of Person

Avalon Park Group Management, LLC

Firm/Company

3680 Avalon Park E. Blvd. Ste 300

Address

Orlando, FL 32828

City/State and Zip Code

nicolek@avalonparkgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

■ \$25.00 Filing 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

23

( <u>Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)	
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The Articles of Organization for this Limited Liability Company were filed on 1/14/2020	Esigned
Florida document number L20000021277	
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 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 ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the r	iew registered
agent and/or the new registered office address here:	

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uddress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

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## MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
VP	Marybel Defillo	3680 Avalon Park E. Blvd Ste 300	🖬 Add
		Orlando, FL 32828	🗆 Remove
			□Change
VP/SEC	Cynthia Novoa	3680 Avalon Park E. Blvd Ste 300	
		Orlando, FL 32828	
			🗋 Change
			□∧dd
			□Remove
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			Change

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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

plea:	se add EIN 84-5051419
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an effective lote: If th	late, if other than the date of filing:(optional) e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a effective date on the Department of State's records.
record spo l is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated	May 5 2020
-	Signature of a member or authorized representative of a member
	Beat Kahli

Typed or printed name of signee

Filing Fee: \$25.00