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MAR 2 4 2020 S. YOUNG

COVER LETTER

2020 CORR SUBJECT:	IDOR PVB LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
Please return ail correspo	ndence concerning this matter	to the following:	
	MINDY SIGLE		
		Name of Person	
	THE FERBER COMPANY	Y	
		Firm/Company	
	151 SAWGRASS CORNE	ERS DR SUITE 2020	
		Address	······································
	PONTE VEDRA FL 3208:	2	
		City/State and Zip Code	
	msigle@ferbercompany.com		
	E-mail address: (to be used for future annual report notifi	ication)
For further information ed	oncerning this matter, please ea	all:	
Annie Cunco		904 285-7600 at ()	
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)

Registration Section
Division of Corporations

Mailing Address:

Registration Section

Division of Corporations

TO:

P.O. Box 6327 Tallahassee, FL 32314 Street Address:

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

دے

2020 CORRIDOR PVB LLC			202
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears la Limited Liability Company)	on our records.) 💆	7020 HAR
The Articles of Organization for this Limited Liability (Company were filed on 01/2	4/2020	and assigned
Florida document number 1.20000031552			福州 星 门
This amendment is submitted to amend the following:			7:18
A. If amending name, enter the new name of the lin	nited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		cords, <u>enter the na</u>	ame of the new register <u>e</u>
Name of New Registered Agent:			
New Registered Office Address:			_
	Enter Florid	la street address	
		, Florida	
	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 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	STACEY STARSIAK	151 SAWGRASS CORNERS DR SUITE 202	■Add
		PONTE VEDRA FL 32082	□Remove
			□Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
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an effective date is listote: If the date ins		cific and cannot be pr as not meet the app	ior to date of filing or r licable statutory filir		n al) iling.) Pursuant to 605.0207 (date will not be listed as t
record specifies a d l is filed.	dayed effective date, b	out not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
in HICH.		1			
ated $\frac{3/3}{20}$	20	 	·		
	$\langle X \rangle$	re of a member or a	thorized representative	e of a member	

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