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COVER LETTER

TO:		ration Secti n of Corpo		,		
SUBJE	RJ CT:	MT Blue C	CASL II L.L.C.			
			Name of Lim	ited Liability Company	_	
			nendment and fee(s) are sub	· ·		
			William K. Budd			
			St. Petersburg, FL 33716			
			bill.budd@raymondjames.c	City/State and Zip Code		
			E-mail address: (to be used for future annual report notification)	_	
For furth	ner infor	mation con	cerning this matter, please ca	all:		<u>:</u>
William	K. Bud	d		727 567-4820 at ()	20 JI	デンタ デンタ で で で で で で で の で の の の の の の の の の の
		Name of P	erson	Area Code Daytime Telephone Nur	19	00 JO H 72 11 7 10 E
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□ \$ 25	.00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy Certi (additional copy is enclosed) Certi	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)	PORATIONS

Mailing Address:

Registration Section
Division of Corporations
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

TO UM 19 PM W. OS

RJ MT Blue CASL II L.L.C.

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on February 6, 2020 and assigned Florida document number L20000043378 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 new registered agent and/or the new registered office address here: N/A Name of New Registered Agent:

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

New Registered Office Address:

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

Enter Florida street address

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	RJHOF-53 L.L.C.	880 Carillon Parkway	□Add
		St. Petersburg, FL 33716	Remove
		 	☐ Change
MGR	RJTCF-46 L.L.C.	880 Carillon Parkway	\= Add
		St. Petersburg, FL 33716	□Remove
			□Change
			□ Add
			□Remove
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N/A	
	
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Note: If the	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list 's effective date on the Department of State's records.
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record sp d is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
a is mea.	
Ma	y 6 2020
Dated	,,,
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a memor

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