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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE: 412720 AUTHORIZATION : COST LIMIT : ORDER DATE: September 4, 2020 ORDER TIME : 10:40 AM ORDER NO. : 412720-020 CUSTOMER NO: 8287610 DOMESTIC AMENDMENT FILING NAME: CFCW PROPCO LAKELAND NORTH LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT \_\_\_\_ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT#

## **COVER LETTER**

TO:

Registration Section

Divisio	n of Corporations	
	FCW Propco Lakeland North LLC	
SUBJECT:	Name of I	Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are s	submitted for filing.
Please return all	correspondence concerning this matt	ter to the following:
	Marianne Romero	
		Name of Person
	MKH Capital Partners	
	<u>-</u>	Firm/Company
	980 North Federal High	way, Suite 315
		Address
	Boca Raton, Florida	
		City/State and Zip Code
	mromero@mkhpartners.c	
_		s: (to be used for future annual report notification)
For further infor	mation concerning this matter, please	e call:
		at ()
	Name of Person	Area Code Daytime Telephone Number
Enclosed is a che	eck for the following amount:	
☐ \$25.00 Filing	g Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
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**

-9 / 8:52

CFCW Propco Lakeland North LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited I	iability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	Enter Florida street address, Floric	la

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	Tom Welter	980 North Federal Highway, Suite 315	<b>=</b> Add
		Boca Raton, Florida, 33432	□Remove
			□ Change
VP	Steve Lipofsky	980 North Federal Highway, Suite 315	<b>⊟</b> Add
		Boca Raton, Florida, 33432	□Remove
			Change
			□ Add
			□Remove
			□Change
<del></del>			□Add
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			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change

Effective date, if other than the date of filing:		ding any other information, enter change(s) here: (Attach additional sheets, if necessary:)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.		
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.		
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cord is filed.	Note: II	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
Dated September 1 . 2020.  Signature of a member or authorized representative of a member	the record s cord 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 the
Signature of a member or authorized representative of a member	Dated	September 1. 2020.
		Signature of a member or authorized representative of a member
Christopher Woodburn		Christopher Woodburn

Filing Fee: \$25.00

### **COVER LETTER**

Division of Cor	porations		
CFCW Pro	pco Lakeland North LLC		
SUBJECT:	•	5.31(3.95.0)	
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
		-	
Please return all correspo	ondence concerning this matter	to the following:	
	Marianne Romero		
		Name of Person	<u></u>
	MKH Capital Partners		
		Firm/Company	
	980 North Federal Highwa	ay, Suite 315	
		Address	
	Boca Raton, Florida		
		City/State and Zip Code	<del></del>
	mromero@mkhpartners.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
		at () Area Code Daytim	
Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for th	se following amount:		
	_	_	
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Certificate of Status	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Address:		Street Address:	
Registration Section Division of Corporations		Registration Section	
P.O. Box 632	•	Division of Corporations The Centre of Tallahassee	
1.O. DUA VJ27		The Centre of Tallanassee	

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303