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TO. Registration S Division of Co			
	Holdings, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Kendal Schoepfer, Esq.		
		Name of Person	
	RezLegal, LLC		
		Pirm/Company	
	816 A1A North, Suite 204		
		Address	
	Ponte Vedra Beach, Florid	la 32082	
		City/State and Zip Code	
	rezlegal@rezlegal.com	to be used for future annual report no	ti Fastion)
For further information of	e-mail address: (concerning this matter, please c	•	uncasons
J. David Jeans, Esq.		904 567-1172	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration Division of O P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

SULL ZON ZVZV - ELZTEM

DocuSign Envelope ID: 908B84F8-88F3-4620-AE6B-483240723364 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION \mathbf{OF}

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NV. ZZVZ II. H

CLDG NF Holdings, LLC		
(Name of the Limited Liability Cor (A Florida Limi	npany as it now appears on our recor ed Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compa Florida document number L20000205351	any were filed on July 21, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
CLDG MF Holdings, LLC		
The new name must be distinguishable and contain the words "Limited Li	ability 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)	· · · · · · · · · · · · · · · · · · ·	~ 1
		2))20
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C 4		L 2
Enter new mailing address, if applicable:		<u>~</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter</u>	ည the name of the new registered
21 - 12 - 12 - 12 - 12		
New Registered Office Address:	Enter Florida street addres	s
	C).	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	t:	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and comple- accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my duties, an s provided for in Chapter 605, i	nd I am familiar with and F.S. Or, if this document is
If Ch	anging Registered Agent, Signature o	f New Registered Agent

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Title	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□Remove
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