Email Address:		Division of Corporations Electronic Filing Cover She	et			
Image: Doing so will generate another cover sheet. To: Division of Corporations Fax Number From: Account Name EXPRESS CORPORATE FILING SERVICE INC. Account Number 1265)444-4994 Fax Number (365)444-4994 Fax Number (365)444-4997 **Eater the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Email Address:		Note: Please print this page and use it as a cover sheet (shown below) on the top and bottom of all page	:. Type the fax is of the docur	audit number nent.		
Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (859)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I28000000146 Phone : (325)444-4994 Fax Number : (365)444-4977 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: LLC AMIND/RESTATE/CORRECT OR M/MG RESIGN		(((H20000306043 3)))				
Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : EXPRESS CORPORATE FILING SERVICE INC. Account Number : I20000000146 Phone : (325)444-4994 Fax Number : (365)444-4997 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Email Address: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN		H200003060433APCS				
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	ى	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTERVINE, LLC.				
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 2000 -3 7111:30 OF

CENTERVINE, LLC.	ars on our records.)
(Name of the Linited Liability Company as it new appe (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on ⁸ Florida document number <u>L20000250909</u>	and assigned
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the obbreviation "L.L.C."
Enter new principal offices address, if applicable:	
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 agent and/or the new registered office address here:	r records, <u>enter the name of the new register</u>
Name of New Registered Agent:	,
New Registered Office Address: Enter I	Florula street address
	Florida
City	Zip Coule

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 Changing Registered Agent, Signature of New Registered Agent

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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	CHERE DOVE	2120 CORPORATE SQUARE BLVD	CAdd
		STE I	🛱 Remove
		JACKSONVILLE, FL 32216	Change
MGR	KARA GARMEN	2120 CORPORATE BLVD	
		STE 1	🗌 Remove
		JACKSONVILLE, FL 32216	(I)Change
			🖸 Add
			🗆 Change
	· · _ · _ · _ · _ · _ · _ ·		⊡Add
			🗍 Remove
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			[]Change
			🗆 Add
			🛛 Remove
			🗋 Change

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2020-09-02 21:08:44 (GMT)

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

_____ E. Effective date, if other than the date of filing: _________(optional) (It an effective date is listed, the date must be specific and cannot be prior to date of tiling or more than 90 days after filing.) Pursuant to 505.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated ____ 2020 . .

1al Chere. Dove. Signature of a member or authorized representative of a member

CHERE DOVE

Typed or printed name of signee