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COVER LETTER

TO: Registration Section

Divi	ision of Cor	porations	• • • • • • • • • • • • • • • • • • •	s***	
		s & Naranja Master Tenant LL			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Michelle Roque			
			Name of Person		
		Centennial Management C	огр.		
			Firm/Company		
		7735 NW 146 St, Suite 30	6		
			Address		
		Miami Lakes, FL 33016			
		TT. 11.	City/State and Zip Code		
		msroque@centennialmgt.co			
		E-mail address: (to be used for future annual report	notification)	
For further in	iformation c	oncerning this matter, please ca	all:		
Lewis Swezy	y		305 821-033	0	
_	Name o	f Person		ytime Telephone N	lumber
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ce Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	iling Addres		Street Address Registration		
•	-	orporations	-	Corporations	
). Box 632			of Tallahassee	
Tal	lahassee li	FL 32314	2415 N. Mo	proe Street, Si	aite 8 10

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Athur Mays & Naranja Master Tenant LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 9/11/2020	and assigned
Florida document number L20000285398		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Arthur Mays & Naranja Master Tenant LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	
Enter new principal offices address, if applicable:		2021 NO
(Principal office address MUST BE A STREET ADDRES	<u> </u>	<u></u> <u> </u>
		-0 [1]
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		- 10
		·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	a
	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 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
			□Add
			□Remove
			Change
			□Add
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fective date, if other than the dat an effective date is listed, the date must be so ote: If the date inserted in this block of bournent's effective date on the Depart	specific and cannot be pri does not meet the appl	or to date of filing or mo licable statutory filing	re than 90 days after filir	ng.) Pursuant to 60	- 95.020 sted as
record specifies a delayed effective dat is filed.	e, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th day aft	er the
October 23	2020				
	:	7//			
Sign	nature of a member of au	thorized representative	of a member		
		111 / /			

Filing Fee: \$25.00