## 則orida Department of

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (B50)617-6383

From:

: STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON Account Name

Account Number : 120060000135

Phone

: (305)789-3200

Fax Number

: (305)789-4137

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_John.Marra@McCormackBaron.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORT MYERS REDEVELOPMENT, LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

ARTICLES OF	AMENDMENT
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ARTICLES OF O	ORGANIZATION & S
	OF State of the St
FORT MYERS REDEVELOPMENT, LLC	
(Name of the Limited Liability Comp	ORGANIZATION OF  any as It now appears on our records.) Liability Company)
(A I losted	Elisolity Company)
The Articles of Organization for this Limited Liability Company	were filed on October 14, 2020 and assigned
Florida document number L20000320368	
ristida doodjieste manjoet	:
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	hility company here:
A. If amending name, enter the new name of the matter had	Mity Company nere.
7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	The Company of the Co
The new name must be distinguishable and contain the words "Limited Liab	ility Company, "the designation" LLC of the appreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
en	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	address on our records, enter the name of the new registered
agent and/or the new registered office address here:	
Name of New Registered Agent:	
Name Danissand Office Address	
New Registered Office Address:	Enter Florida street address
	<u> </u>
	, Florida
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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 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
AMBR	Fort Myers Redevelopment Manager, LLC	720 Olive Street	■Add
		Suite 2500	□Remove
		St. Louis, MO 63101	□ Change
MGR Fort Myers Redevelopment Manager, LLC	720 Olive Street	■Add	
	Suite 2500	□Remove	
	St. Louis, MO 63101	□Change	
		□Add	
		□Remove	
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inte.	(optional)  ffective date, if other than the date of filing:  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ment's effective date on the Department of State's records.	5.020 ted a
reco d is f	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day afte filed.	er th
)atan	d September 29 2021	
∕ai©(	Mires	
	Signature of a member or dithorized representative of a member  Hillary B. Zimmerman, Vice President	