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Division of Corporations

Fax Number

: (850)617-6383

From:

: CAPITOL SERVICES, INC. Account Name

Account Number : I20160000017 Phone

: (855)498-5500

Fax Number

∠ ∠Email Address: _

: (800)432-3622

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

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.C AMND/RESTATE/CORRECT OR M/MG RESIGN BI 68 LLC

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COVER LETTER

| TO: | | istration Sec ision of Corp | | | | H23000441412 |
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| | | BI 68 LLC | | | | |
| SUBJE | CT: | | Name of Lim | | | |
| | | | | | | |
| The enc | losed | Articles of / | Amendment and fee(s) are sub | mitted for filing. | | |
| Please r | eturn | all correspor | ndence concerning this matter | to the following: | | |
| | | | Jan R. Ezell, Corporate Pa | ralegal | | |
| | | | | Name of Person | | _ |
| | | | Alston & Bird LLP | | | |
| | Bif 68 1.LC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jan R. Ezell, Curporate Paralegal Name of Person Alston & Bird LLP Firm/Company 1201 West Peachtree Street Address Atlanta, GA 30309-3424 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jan R. Ezell Name of Person Area Code Daytime Telephone Number Einclosed is a check for the following amount: \$\begin{array}{c} | - | | | | |
| | | | 1201 West Peachtree Stree | st . | | |
| | | | | Address | | _ |
| | | | Atlanta, GA 30309-3424 | | | |
| | | | | City/State and Zip Code | " | _ |
| | | | E-mail address: (| to be used for future annual re- | port notification) | |
| For furt | her ir | iformation co | | | , , | |
| | | | | | 7442 | |
| | | Name of | Person | at () Area Code | Daytime Telephone Numb | er |
| | | | | | | |
| Enclose | d is a | check for the | e following amount: | | | |
| ≡ \$ 25 | .00 F | iling Fee | | Certified Copy | Certific sed) Certific | ate of Status & d Copy |
| | Mai | ling Address | <u>:</u> | <u>Street Add</u> | ress: | |
| | | | | | | |
| | |). Box 6327 | | | re of Tallahassee | |
| | Tal | lahassee, F | L 32314 | | Monroe Street, Suite see, FL 32303 | 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| (Name of the Lim | | 8 LLC any as It now appears (Liability Company) | on our records.) | |
|---|---------------------|---|---|----------|
| The Articles of Organization for this Limited I Florida document number L20000344941 | Liability Company | | | |
| This amendment is submitted to amend the follows: A. If amending name, enter the new name of | - | bility company hero | <u>c</u> : | |
| The new name must be distinguishable and contain the | words "Limited Liab | ility Company," the desi | ignation "LLC" or the abbreviation "L.L.C." | - |
| Enter new principal offices address, if appli | cable: | 3423 Piedmont Ro | oad NE, Atlanta, GA 30305 | _ |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | <u>-</u> |
| Enter new mailing address, if applicable: | | 3423 Piedmont Ro | oad NE, Atlanta, GA 30305 | _ |
| (Mailing uddress MAY BE A POST OFFICE | <u>' BOX)</u> | | · · · · · · · · · · · · · · · · · · · | - - |
| B. If amending the registered agent and/or agent and/or the new registered office addre | •• | address on our rec | cords, enter the name of the new regist | ered |
| Name of New Registered Agent: | Capitol Corpo | rate Services, Inc. | | _ |
| New Registered Office Address: | 515 E. Park A | venue, 2nd Floor | | _ |
| | | Enter Floride | la street address | |
| | Tallahassee | | , Florida 32301 | _ |
| | | 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.

Lim Tadlock

Kim Tadlock, as Asst. Secretary on behalf of Capitol Corporate Services, Inc.

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 = M $AMBR = A$ | Ianager authorized Member | | H23000441412 |
|--------------------|------------------------------|--|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGR | Alex Horn | | □Add |
| | | | ■Remove |
| | | | □ Change |
| AMBR | SoDo Lender Holdco, LLC | 3423 Piedmont Road NE, Atlanta, GA 30305 | = Add |
| | | | □Remove |
| | | | □ Change |
| | | | TALLAH P |
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| . Effective date, if other than the (If an effective date is listed, the date must | date of filing: | | | (optional) | |
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| the record specifies a delayed effective cord is filed. | date, but not an effec | tive time, at 12:0 | l a.m. on the carlier | of: (b) The 90th (| day after the |
| Dated | | | | | |
| /s/ David Cummings | | _ | | | |
| | Signature of a member of | r authorized represe | entative of a member | · · · · | |

Typed or printed name of signee

Filing Fee: \$25.00

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