2/10/2021

Division of Corporations

## Plorida Departional of State Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

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Account Number : FCA000000023 Phone : (614)280-3338

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CDP JACKSONVILLE OWNER, LLC

Certificate of Status	0
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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	Sonville Owner, LLC  Sability Company as it now appears on our  Sorida Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabil Florida document number L21000040479	ity Company were filed on 1/20/21	and assigned	
This amendment is submitted to amend the following	og:		
A. If amending name, enter the new name of the	limited liability company here:	2021 I SECI TA	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "LLC."	
Enter new principal offices address, if applicable	::		
(Principal office address MUST BE A STREET A.	DDRESS)	>	
Enter new mailing address, if applicable:		SIATE STATE	
(Mailing address MAY BE A POST OFFICE BOX	0		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:	W 10 10 10 10 10 10 10 10 10 10 10 10 10		
	Enter Florida street address		
_	City	, Floridu	
	City	Zip Coae	

## 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.

19542080845

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	Mark Mechlowitz	880 Glenwood Avenue SE, Suite H	<b>=</b> Add
		Atlanta, GA 30316	□Remove
			Change
			□Add
			□Remove
			ST B
			CO P T
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🖸 Add
			Remove
			□ Change

19542080845

D. If amending any other inform	nation, enter change(s) here: (Attach addition	nal sheets, if necessary.)
<u></u>		
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		7F 54
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the I	ust be specific and cannot be prior to date of filing or mo block does not meet the applicable statutory filing	(optional) re than 90 days after filing.) Pursuant to 605 0207 (3)(b) requirements, this date will not be listed as the
If the record specifies a delayed effecti record is filed.	ive date, but not an effective time, at 12:01 a.m. o	n the earlier of: (b) The 90th day after the
Dated February 10	, 2021	
Mexil	Signature of a member or authorized representative of	of a member
Alexander Thurmond		

Typed or printed name of signee