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Division of Corporations

Fax Number : (850)617-6383

Account Name : C T CORPORATION SYSTEM

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

Fax Number : (954)208-0845

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

Email	Address:_					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CDP JACKSONVILLE OWNER, LLC

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S. PRATHER

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CDP Jacksonville Owner, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/20/2021 and assigned Florida document number <u>L21000040479</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 records, enter the name of the new registered agent and/or the new registered office address here: NRA1 Services, Inc. Name of New Registered Agent: 1200 South Pine Island Road New Registered Office Address: Enter Florida street address Plantation _, Florida <u>33324</u> City

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.

Scott White, Assistant Secretary

If Changing Registered Agent, Signature of New Registered Agent

From: Ranae McGraw

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person_being added or removed from our records:

2021-10-05 13:44:37 CST

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGR	Robert Meyer	880 GLENWOOD AVENUE SE, SUITE H	[]Add
		ATLANTA, GA 30316	≣Remove
			□ Change
MGR	Mark Mechlowitz	880 GLENWOOD AVENUE SE, SUITE H	□Add
		ATLANTA, GA 30316	≡ Remove
			☐ Change
MGR	Ricky Novak	c/o The Strategic Group	≡ Add
		1072 W. Peachtree Street NW, #78646	Remove
		Atlanta, GA 30357	Change
			□ Add
			□ Remove
			© Change
			🗆 Add
			[]Remove
			□Change
			EJAdd
			Пенноve
			[]Change

To: -18506176383

Filing Fee: \$25.00