## L21000251986

Office Use Only



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JUN 1 0 2021 I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 849620 7521141

AUTHORIZATION : Conclus Blance

COST LIMIT : (\$\.25.00

ORDER DATE : June 9, 2021

ORDER TIME : 11:18 AM

ORDER NO. : 849620-005

CUSTOMER NO: 7521141

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## DOMESTIC AMENDMENT FILING

NAME: 3649 PHILLIPS HIGHWAY OWNER

LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER'S INITIALS:

DocuSign Envelope ID: 6E609D69-16AB-4F21-B313-7226E25EA238

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 3649 PHILLIPS HIGHWAY OV   | WNER LLC                         |                                  |
|--|----------------------------------|----------------------------------|
| ( <u>Name of the Limited Liability Company as it no</u><br>(A Florida Limited Liability Co                                   | w appears on our reco<br>ompany) | rds.)                            |
| The Articles of Organization for this Limited Liability Company were file  | d on6/02/                        | 2021 and assigned                |
| Florida document numberL21000256986  |                                  |                                  |
| This amendment is submitted to amend the following:  |                                  |                                  |
| A. If amending name, enter the new name of the limited liability com   | pany here:                       |                                  |
| The new name must be distinguishable and contain the words "Limited Liability Compar   | ny," the designation "LI         | .C" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:  |                                  |                                  |
| (Principal office address MUST BE A STREET ADDRESS)  |                                  | 22                               |
|  |                                  |                                  |
|  |                                  |                                  |
| Enter new mailing address, if applicable:  |                                  |                                  |
| Mailing address MAY BE A POST OFFICE BOX)  |                                  | 113 3                            |
| <del></del>  |                                  | ٠, ٠,                            |
|  |                                  |                                  |
| B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here: | n our records, <u>ente</u>       | er the name of the new register  |
| agent and/of the new registered office address here:   |                                  |                                  |
| Name of New Registered Agent:  |                                  | <del></del>                      |
| New Registered Office Address:   |                                  |                                  |
| F  | inter Florida street addr        | ess                              |
|  | , F                              | Florida                          |
| City   |                                  | Zio 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

DocuSign Envelope ID: 6E609D69-16AB-4F21-B313-7226E25EA238
Trainenung Authorized rerson(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         | NET LEASE SUDS LLC                   | 100 Merrick Road, Suite 202E     | □Add           |
|              |                                      | Rockville Centre, NY 11570       | ☑Remove        |
|              |                                      |                                  | □Change        |
| AMBR_        | 3915 William Flinn Highway Owner LLC | 100 Merrick Road, Suite 202E     | 🗹 Add          |
|              |                                      | Rockville Centre, New York 11570 | □Remove        |
|              |                                      |                                  | □Change        |
|              |                                      |                                  | □Adđ           |
|              |                                      |                                  | □Remove        |
|              |                                      |                                  | □Change        |
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| te: If the da            | te is usied, the date in<br>the inserted in this | musi de specifie and | d cannot be prior t<br>meet the applica | o date of filing or m                 | (opt<br>ore than 90 days afte<br>g requirements, th | ional)<br>er filing.) Pursuant to<br>is date will not be | 605.020<br>listed as |
| cord specifi<br>s filed. | es a delayed effec                               | ctive date, but not  | t an effective tir                      | ne, at 12:01 a.m. o                   | on the earlier of: (                                | b) The 90th day a  | ifter the            |
| ed                       | June 8   |                      |   | ad by:                                |   |  |                      |
|                          |  |                      | Kerin                                   | Ross                                  |   |  |                      |
|                          |  |                      | l                                       |                                       |   |  |                      |
|                          | <del></del>                                      | Signature of a       | member or author                        | ized representative                   | of a member   | <del></del>  |                      |

Filing Fee: \$25.00