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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 : (855)498-5500 Phone Fax Number : (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.

Email	Address:			

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.R.	LICLES OF G	UKGANIZATIU				
	C	OF .		2021 SEC		
MCG Pensacola, LLC				图 5 元		
Dame of the Lin	ited Liability Comp (A Florida Limited	eny as it new appears on o Liability Company)	प्रां (क्ट्राम्स्)	A LE		
The Articles of Organization for this Limited Liability Company were filed on 66/17/2021 and assigned				FILED 2021 HOV 18 PM 1: 09 SECRETARY OF STATE FALLAHASSEE, FLORIDA)	
Florida document number <u>L21000282226</u>				11.5		
This amendment is submitted to amend the following:				09 RIDA		
A. If amending name, enter the new name	of the limited list	olity company here:				
The new name must be distinguishable and contain the	words "Limited Lisb	ility Combany." the designat	tion "LJ.C" or the abbreviation "L.L.C."	 .		
Enter new principal offices address, if appl		6805 Morrison Blvd.,				
(Principal office address MUST BE A STRE		Charlotte, NC 28211	Charlotte, NC 28211			
		1-		 		
Enter new mailing address, if applicable:		6805 Morrison Blvd.,	Ste. 250			
(Mailing address MAY BE A POST OFFICE	BOX	Charlotte, NC 28211				
						
B. If amending the registered agent and/or agent/and/or the new registered office addr		address on our records	s, <u>enter the name of the new reals</u>	déred		
Name of New Registered Agent: Capitol Corporate Services, Inc.			<u> </u>			
New Registered Office Address:	515 EAST PAR	RK AVENUE, 2ND FL	-	_		
	Enter Florida street address					
	Tallahassee	····	; Florida 32301			
		Ciry	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.

Toylor Scay

Taylor Seay, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

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
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			Change

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D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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Note: If the	te, if other than the date of filing: are is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed frective date on the Department of State's records.)207 (3)(b) 1 as the	ı	
If the record speci record is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the		
Dated	ovember 18, 2021.	77		
	Signature of a member or antipolised of presentative of a member	SE EX	2021 K	
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