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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STEARNS WEAVER MILLER WEISSLER ALHADEFF & SITTERSON

Account Number : 120050000135 Phone : (305)789-3200 Fax Number : (305)789-4137

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

Email Address: Lynda.Watkins@stiles.com

Client Matter No. 05591.0099

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PEABODY UNION MF, LLC

Certificate of Status	1
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JUN 2 8 2022

ARTICLES OF AMENDMENT TO · ARTICLES OF ORGANIZATION OF

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(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 08/12/2021 Florida document number L21000363691	und as	signed	
This amendment is submitted to amend the following:			
A. If amending name, anter 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	abbroviation "L	L.C."	
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)			
3. If amending the registered agent and/or registered office address on our records, <u>anter the na</u> legent and/or the nate of t	no of the nur	w 693 11	tored
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	-	<u>~</u>	: در ــــِــــ
Name of New Registered Agent:		~	٠
	•		
Name of New Registered Agent: New Registered Office Address: Soler Florida street address	•	=	
New Registered Office Address:	Zin Code		<u> </u>

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

If smending Authorized Person(s) authorized to manage, guter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

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Title	Name	Address	Type of Action
MOR	S-PEABODY UNION MF, LLC	201 E LAS OLAS BLVD STE 1200	
		FORT LAUDERDALE, PL 33301	
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		STE 1200	
		FORT LAUDERDALE, FL 33301	DChange
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cument's effective date	on the Department o	t State's records.			
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