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(Re	equestor's Name)	
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2022 JAN 31 PM 12: 05 SECRETARY OF STATE



January 24, 2022

Dear Mr./Mrs.,

Enclosed, please find a check for THIRTY DOLLARS for the filing fee and certified copy of the amendment of the Articles of Organization for Crown Encore JV, LLC.

Day time telephone: 404-389-4902

Return address: 3060 Peachtree Rd NW

Suite 1550

Atlanta, GA 30305

Many thanks,

Saîra Munoz

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CYDWN ENLOYE JV LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Swa Mun 07 Name of Person
Chown Capital Investments, LC
30100 Peachtree Rd NW Suite 1550
Attanta, GA 30305 City/State and Zip Code SMUND 76 CCFDS · CDM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sava Mun 07 Name of Person at (4bA) 369 4902 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee \$\

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JAH 31 PM 12: 05

SECRETARY OF SILL

<u>Crown Encore JVI</u>		TALLAMASSEE, FUI		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on or liability Company)	ir records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L210004822217</u> . This amendment is submitted to amend the following:	were tiled on <u>NDV</u>	. 8 2021 and assigned		
A. If amending name, enter the new name of the limited liab	ility company here:			
The Crown Capital Fundill (
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designat	ion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Suite 155	chtree St NW 50 2A 30305		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	301et Peach Suite 1951 Attanta,	11 Mee St NW D GA 30305		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	s, enter the name of the new registered		
Name of New Registered Agent:				
New Registered Office Address:	n - m			
	Enter Florida street address			
		, Florida		
	City	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.

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 = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			🗀 Remove
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an effecti lote: If t		te must be specific his block does no	and cannot be prion of meet the appl	icable statutory fil	more than 90 days a	ptional) ifter filing.) Pursuant to this date will not be	
record sp is filed.		Tective date, but	not an effective	time, at 12:01 a.n	i, on the earlier of	(b) The 90th day (ifter the
ated(Januaru	124	. 202	<u>v</u> .			
	$ \sqrt{2}$	Signature o	f a member or au	Morifed representati	ve of a member		-
	_						

Filing Fee: \$25.00