L21000520845

(Re	equestor's Name)	
(Ad	ldress)	"
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<i>#</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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O SIMMONS FEB 2 3 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500		
ACCOUNT NO. : 12000000195		
REFERENCE: 505127 7501547		
AUTHORIZATION : THE MAN		
COST LIMIT : \$ 55.00		
ORDER DATE : February 21, 2022		
ORDER TIME : 4:26 PM		
ORDER NO. : 505127-060		
CUSTOMER NO: 7501547		
DOMESTIC AMENDMENT FILING		
NAME: PB 5801 LLC		
EFFECTIVE DATE:		
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION		

CONTACT PERSON: Eyliena Baker -- EXT#

PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

XX CERTIFIED COPY

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

PB 5801 LLC

2022 FEB 22 AM 9: 31

The Articles of Organization for this Limited Liability Company were filed on <u>12/9/2021</u> and assigned Florida document number <u>L21000520845</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 Liabi	lity Company," the designat	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		 -
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CV Management Services Inc.	4401 Wilson Blvd, Ste 600, Arlington VA 22203	Add
			□Remove
			Change
MGR	Management Services Group LLC	4401 Wilson Blvd, Ste 600, Arlington VA 22203	□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change

 	
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ffective date, if	other than the date of filing: (optional)
ote: If the date in	isted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (I serted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ocument's effective	we date on the Department of State's records.
record specifies a is filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
13 777411	
ated	February 17 2022
	$\overline{\mathcal{M}}_{1/2}$
	Signature of a member of authorized representative of a member
	David Brody
	Typed or printed name of signee

Filing Fee: \$25.00