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COVER LETTER

Registration Section

TO:

Division of Cor	porations								
	ongress Ave JV, LLC								
SUBJECT:	Name of Lim	ited Liability Company							
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.							
Please return all correspo	ondence concerning this matter	to the following:							
	John Herbert								
	Name of Person Herbert Legal Group, LLC Firm/Company 885 Woodstock Road Ste 430-330 Address Roswell GA 30075 City/State and Zip Code john@herbertlegalgroup.com E-mail address: (to be used for future annual report notification)								
	Herbert Legal Group, LLC	•							
		Firm/Company							
	885 Woodstock Road Ste-	430-330							
		Address							
	Roswell GA 30075								
			tification)						
For further information e	oncerning this matter, please c	•							
John Herbert		404 3128775							
Name o	t Person	Area Code Daytii	me Telephone Number						
Enclosed is a check for the	ne following amount:								
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)						
Mailing Addres Registration 9		Street Address: Registration S	ection						
Division of C		Division of Co							
P.O. Box 632	2.7	The Centre of							
Tallahassee,	FL 52314	2415 N. Monr	oe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN 17 AM 11:22

Florida Congress Ave JV, LLC (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 March 8, 2022 and assigned 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 Liability Company," the designation "LLC" or the abbreviation "LLC." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_, Florida __

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>	Name	Address	Type of Action
MGR	OrbVest US, Inc.	3333 Old Milton Parkway Ste 270	
		Alpharetta GA 30005	■Remove
			□Change
MGR	OrbVest GP, LLC	3333 Old Milton Parkway Ste 270	= Add
		Alpharetta GA 30005	□Remove
			□Add
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record specified is filed.	s a delayed e	ffective date, b	ut not an	effective (ime, at 12	:01 a.m. o	n the earlier	of: (b)	The 90t	h day ati	er the
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Filing Fee: \$25.00