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below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

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

Email Ad	ddress:	_ <del></del> _	·	
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CAMPUS COMMUNITY LLC

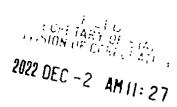
Certificate of Status	0
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Campus Community LLC		
(Name of the Limited (A	Liability Company as it now appears on our records. Florida Limited Liability Company)	)
The Articles of Organization for this Limited Liab	oility Company were filed on 06/22/22	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
Campus Core LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		ne name of the new registere
new registered Office Address.	Enter Florida street address	
	. Flor	rida
	Lin	Zin 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

Title	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			©Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			Remove
			☐ Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			T Change

If amending any other information	n, enter change(s) here: (Attach additional sheets, if neces	2022 DEC -
	<u> </u>	
		110
	211	
		·-··
Effective date, if other than the dattiff an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	specific and cannot be prior to date of filing or more than 90 days after filded not meet the applicable statutory filing requirements, this of	iling.) Pursuant to 605 0207 (3
ne record specifies a delayed effective da and is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated December 2	2022	
	nature of a member or authorized representative of a member	
	nature of a member or authorized representative of a member	
Riley Park	Typed or printed name of signee	

Filing Fee: \$25.00