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(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE FEB - 3 2025
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Office Use Only



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2025 JAH 31 AM 10: 31

RECEIVED

2025 JAN 31 AM 11: 29

CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext:

To: Department Of State, Division Of Corporations

From: Ben Bolen

Ext:

Date: 01/31/25 Order #: 1797574-1

Re: EDIFICA CENTER 2, LLC Processing Method: Routine



TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25 - FL State Account Number: I2000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:

	egistration Se livision of Cor						
eun irea		CENTER 2, LLC					
SUBJECT	: <u></u>	Name of Lim	ited Liability Company				
The enclos	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.				
Please retu	irn all correspon	ndence concerning this matter	to the following:				
		Suzanne L. Wilder					
			Name of Person				
		Goodkind & Florio, P.A.					
			Firm/Company				
		4121 La Playa Blvd.					
			Address	·			
	Coconut Grove, FL 33133						
			City/State and Zip Code				
		suzanne@goodkindandflori	o.com to be used for future annual report notif	ication)			
For further	information co	oncerning this matter, please ca	•				
Suzanne Ł	Wilder		305 667-4811 at()				
Name of Person			Area Code Daytime	Telephone Number			
Enclosed i	s a check for th	e following amount:					
■ \$25.00) Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee : Street, Suite 810			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2025 JAH 31 AM 10: 31

EDIFICA CENTER 2, 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 Comp. Florida document number $\frac{1.23000493578}{1.23000493578}$.	any were filed on	10/31/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company	<u>here</u> :	
Core US 2, LLC			
The new name must be distinguishable and contain the words "Limited L	iability Company," th	ne designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			<u> </u>
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	· .	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on ou	r records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:			
	Enter l	Florida street address	
		, Florid	la Zip Code
	Ciţy		Zip Code
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance as provided for i	of my duties, and I n Chapter 605, F.S.	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Remove

Effective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 soing: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to tournent's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12.01 a.m., on the earlier of: (b) The 90th day after the dis filed. Signature of a member or authorized representative of a member.						- · · ·		
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ated January 30 . 2025	an effec <u>ote:</u> H	tive date is listed, the d f the date inserted in	ate must be specific this block does n	and cannot be prior of meet the applic	able statutory filit	nore than 90 days aft	er filing.) Pursuant to 0	605.0207 (isted as t
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Signature of a member or authorized representative of a member	ated _	anuary 30		2025	·			
Signature of a member of additionated representative of a member			Signature	if a member or suth	orized representative	e at's member		
			orginature (a a memoer (n. autil	on a cu represendus	e vir ar manungi		

Filing Fee: \$25.00

COVER LETTER

TO:

	gistration Sec vision of Corp					
CHDICT	EDIFICA C					
SUBJECT: Name of Limited Liability Company						
The enclose	d Articles of a	Amendment and fec(s) are sub	mitted for filing.	·		
Please retur	n all correspon	ndence concerning this matter	to the following:			
		Suzanne L. Wilder				
			Name of Person			
		Goodkind & Florio, P.A.				
			Firm/Company	· -		
		4121 La Playa Blvd.				
			Address			
		Coconut Grove, FL 33133				
			City/State and Zip Code			
		suzanne@goodkindandflori	o.com to be used for future annual report notif	Continu)		
For further i	information co	oncerning this matter, please ca	-	it (anon)		
Suzanne L.			305 667-4811			
	Name of	Person		e Telephone Number		
Enclosed is	a check for th	e 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 Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810		