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TO:	Registration Section Division of Corpora			•		4		
SUBJI	ECT: CM (0	NNECT REA	tl [STATE	= U	(
001201		NNECT REAL ESTATE ULL Name of Limited Liability Company Endment and fee(s) are submitted for filing. Ince concerning this matter to the following: COLOGEN MAYCHESE Name of Person Firm/Company ILGO OAK LANDING DYVE Address City State and Zip Code CM TECOMPLET NAME (OM) F-mail address: (to be used for future annual/report notification) Perming this matter, please call: ATCHESE at (380) Area Code Daytime Telephone Number Illowing amount: Contificate of Status Certificate Of Status Certificate Of Status Certificate Of Status Certificat Copy (additional copy is enclosed) Street Address: Registration Section						
The en	closed Articles of Amo	endment and fee(s) are	submit	ited for filin	ደ.			
Firm/Company 1190 Oak Linuing Drive Address								
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For fur	ther information conce	erning this matter, plea	se call;					
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	Name of Per	son		Area	Code	Daytime	Telepho	one Number
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⊠ \$2	25.00 Filing Fee C			Certifie	d Copy			Certificate of Status & Certified Copy
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	P.O. Box 6327	20214				entre of T		
	Tallahassee, FL	74314			24121	N. IVIUHIOU	Succi	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CM CONNect Rea	11 Estate LLC	12 PA (15)
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our record mited Liability Company)	<u>si)</u> (5 5 1
The Articles of Organization for this Limited Liability Com Florida document number <u>L 24000291229</u> .	npany were filed on(1-27-2	: == ::::::::::::::::::::::::::::::::::
This amendment is submitted to amend the following:		တ
A. If amending name, enter the new name of the limited	d liability company here:	
(ologero Marches	e LLC	
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LEC	or the abbreviation "L.IC.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<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 o agent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	vo.
	, F	lorida 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>	Address	Type of Action
			□Add
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			□Change
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Tective date, if other than the date of filing: (option an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	nal) filing) Pursuant	to 605 020
ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this ocument's effective date on the Department of State's records.	date will not h	be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)	The 90th da	y after th
is filed.	.··.]{
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Signature of a member or authorized representative of a member		=======================================