

M170000002828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

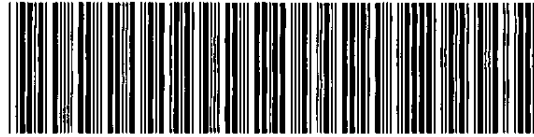
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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17 APR 19 AM 8:23

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2017
J. HARRIS

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2017 APR 19 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 605930 5039778

AUTHORIZATION

COST LIMIT


\$ 30.00

ORDER DATE : April 18, 2017

ORDER TIME : 12:41 PM

ORDER NO. : 605930-005

CUSTOMER NO: 5039778

FOREIGN FILINGS

NAME: PASSCO ESTERO MT, LLC

____ CORPORATE
____ LIMITED PARTNERSHIP
XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
____ PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER: _____

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Passco Estero MT, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M17000002828

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 04/03/2017

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Passco Longitude MT, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, 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 Changing Registered Agent, Signature of New Registered Agent

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CLERK OF DISTRICT COURT
FLORIDA

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

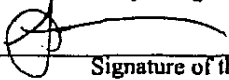
8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FILED
COUNTY OF SAULT
JULIEN, MINN.

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Larry Sullivan, President

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "PASSCO ESTERO MT, LLC", CHANGING ITS NAME FROM "PASSCO ESTERO MT, LLC" TO "PASSCO LONGITUDE MT, LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF APRIL, A.D. 2017, AT 7:31 O`CLOCK P.M.



6355334 8100
SR# 20172506937

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202377651
Date: 04-13-17

**CERTIFICATE OF AMENDMENT TO THE
CERTIFICATE OF FORMATION OF
PASSCO ESTERO MT, LLC,
a Delaware limited liability company**

Pursuant to the provisions of Section 18-202 of the Delaware Limited Liability Company Act, the undersigned hereby submits this Certificate of Amendment for the purpose of amending the Certificate of Formation (the "Certificate of Formation") of Passco Estero MT, LLC, a Delaware limited liability company, which Certificate of Formation was originally filed with the Delaware Secretary of State on March 21, 2017.

1. The name of the limited liability company is Passco Estero MT, LLC.
2. Article FIRST of the Certificate of Formation shall be amended and restated in its entirety to read as follows:

"FIRST: The name of the limited liability company is Passco Longitude MT, LLC."

3. Except as specifically set forth above, the Certificate of Formation is unchanged hereby.

IN WITNESS WHEREOF, this Certificate of Amendment of Certificate of Formation has been executed as of this 13th day of April, 2017.

/s/ Lisa Ortiz

Lisa Ortiz, Authorized Person