

MICROCOMPUTS

(Requestor's Name)

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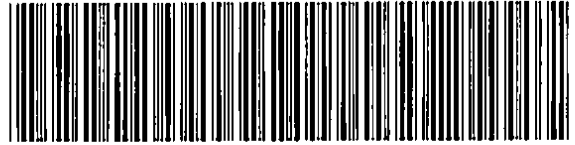
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700319709847

201 OCT 18 A 7:15

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18 OCT 18 PM 3:36

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/18/18

Acc#120160000072



Name:	IDL Dawie C, LLC
Document #:	
Order #:	11192951

Certified Copy of Arts & Amend:	<input type="checkbox"/>		Filing OCT 18 A. P. 18
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing:	Certified:
	Plain:
	COGS:

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$

55.00

Thank you!

**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: IDIL Davie C. 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: M18000004175

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/01/2018

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

5. New name of the limited liability company: Davie C. LLC
(must contain "Limited Liability Company," "LLC," 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," "LLC," 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

FILED

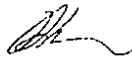
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7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

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

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Person	Bryan Blasingame	1100 Peachtree Street NE, Suite 1000 Atlanta, GA 30309	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Gwen Erhardt	1100 Peachtree Street NE, Suite 1000 Atlanta, GA 30309	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Gary Minor	1100 Peachtree Street NE, Suite 1000 Atlanta, GA 30309	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Robert Stephens	740 Centre View Blvd., Floor 3 Crestview Hills, KY 41017	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Authorized Person	Doug Armbruster	740 Centre View Blvd., Floor 3 Crestview Hills, KY 41017	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove

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
David Laibstain, Secretary of IDI Logistics Operating
Partnership, L.P., its Manager

Typed or printed name of signee

Filing Fee: \$25.00

Delaware


The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THAT THE SAID "IDIL DAVIE C, LLC",
FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "DAVIE C,
LLC" ON THE FIFTEENTH DAY OF OCTOBER, A.D. 2018, AT 5:50 O'CLOCK
P.M.

NOV 18 A 7 15
05:50




Jeffrey W. Bullock, Secretary of State

6862723 8320
SR# 20187153701

Authentication: 203616636
Date: 10-16-18

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