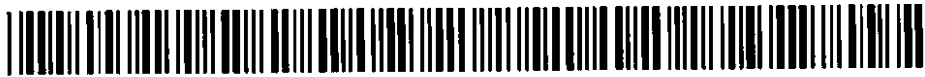


Tim Tadlock 8604323622 (04/08) 07/25/2018 02:35:23 PM
M18000006820

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000213166 3)))



H180002131663ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TA AMAZON FULFILLMENT CENTER ORL, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

*****PLEASE GIVE THE ORIGINAL SUBMISSION DATE AS THE FILE DATE
7/24/18*****

Electronic Filing Menu

Corporate Filing Menu

Help

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JUL 27 2018



July 25, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TA AMAZON FULFILLMENT CENTER ORL, LLC ***2ND FAX***
C/O TA REALTY LLC
28 STATE ST, 10TH FL
BOSTON, MA 02109US

SUBJECT: TA AMAZON FULFILLMENT CENTER ORL, LLC
REF: M18000006820

*****Please give the original submission date as the file date
7/24/18*****

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

The certificate must show the name it is changing from to the new name.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux
Regulatory Specialist II Supervisor

FAX Aud. #: H18000213166
Letter Number: 418A00015325

Kim Tadlock

From: faxfinder@capitol-services.com
Sent: Tuesday, July 24, 2018 1:22 PM
To: Kim Tadlock
Subject: FaxFinder Fax Notification: Successfully sent fax to 850-617-6383
Attachments: fax_outbound_850-617-6383_20180724_122155_0000173F-0000.pdf

Create Time: 07/24/2018 12:19:16 PM

Schedule Time: 07/24/2018 12:21:55 PM

State: sent

Schedule Message: Successfully sent fax

Hangup code: 0

Try #: 1

Username: admin

Sender name: Kim Tadlock

Sender email: ktadlock@capitol-services.com Sender phone: 855-498-5500 Sender fax: 800-432-3622 Sender org: Capitol Services, Inc.

Subject:

Max tries: 5

Try interval: 600

Priority: 3

Pages: 5

Recipient fax: 850-617-6383

Recipient phone:

Recipient name:

Recipient org: FL SOS

Use cover page: true

Receipt: always

Print receipt: never

Print receipt printer:

Print receipt first page: false

Fax Page Size: auto

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**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: TA AMAZON FULFILLMENT CENTER ORL, 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: M18000006820

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: July 12, 2018

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

5. New name of the limited liability company: TA FULFILLMENT CENTER ORL, 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

City

Florida

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 603, 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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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
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input 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

Scott L. Dalrymple

Typed or printed name of signee

Filing Fee: \$25.00

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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 "TA AMAZON FULFILLMENT CENTER ORL, LLC", CHANGING ITS NAME FROM "TA AMAZON FULFILLMENT CENTER ORL, LLC" TO "TA FULFILLMENT CENTER ORL, LLC", FILED IN THIS OFFICE ON THE TWENTIETH DAY OF JULY, A.D. 2018, AT 4:01 O'CLOCK P.M.



6969605 8100
SR# 20185770681

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

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

Authentication: 203106357
Date: 07-23-18

State of Delaware
Secretary of State
Division of Corporations
Delivered: 04:01 PM 07/26/2018
FILED 04:01 PM 07/26/2018
SR 20185770631 -- File Number 6960485

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

OF

TA AMAZON FULFILLMENT CENTER ORL, LLC

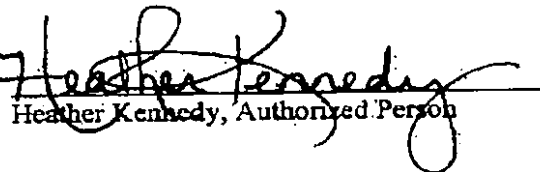
1. Name of the limited liability company: **TA AMAZON FULFILLMENT CENTER ORL, LLC** (hereinafter the "Company").

2. Section 1 of the Certificate of Formation of the Company is hereby amended as follows:

The name of the Company is changed to **TA FULFILLMENT CENTER ORL, LLC**.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Amendment as of July 20, 2018.

By:


Heather Kennedy, Authorized Person