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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 8/25/20

NAME:

RK CODA DST MASTER TENANT, LLC

TYPE OF FILING: STATEMENT OF CORRECTION

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| TO: Registration Division of C | | | |
|-----------------------------------|--|--------------------------------------|---|
| | a DST Master Tenant, LLC | | |
| SUBJECT: | | Name of Limited Lia | bility Company |
| Dear Sir or Madam: | | | |
| | nt of Correction and fee(s) | are submitted for filin | 9 |
| | spondence concerning this | | |
| r icase retuin an confe | spondence concerning this | matter to the following | g. |
| William R. King | | | |
| | Name of Person | · | |
| RK Coda DST | | | |
| | Firm/Company | | |
| 3737 E Broadway | | | |
| | Address | | - |
| Long Beach, CA 9080 |)3 | | |
| | City/State and Zip Code | | _ |
| tanja@rkprop.com | | | |
| E-mail address: | to be used for future annua | report notification) | _ |
| | | | |
| For further informatio | n concerning this matter, pl | lease call: | |
| Tanja Pierce | | 562 at (| 240-1020 |
| Nam | e of Person | Area Code | Daytime Telephone Number |
| P.O. Box 6 | n Section Corporations | | Street Address; Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |
| Enclosed is a check for | or the following amount: | | |
| □\$25 Filing Fee | □ \$30 Filing Fee & Certificate of Status | □\$55 Filing Fee & Certified Copy | ☐ \$60 Filing Fee, Certificate of Status & Certified Copy |
| CR2E062 (9/15) | | | |

STATEMENT OF CORRECTION FOR

FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY 323 FT 25 ATTI 18

| | nt to section 605.0209, F.S., this document is being submitted to | · | | | | | | |
|----------------------|---|---|--|--|--|--|--|--|
| FIRST | The name of the limited liability company is: RK Coda DST M | laster Tenant, LLC | | | | | | |
| FINGI | . The haire of the finited hability company is. | | | | | | | |
| SECO | ND: The Florida Document number of the limited liability | company is: | | | | | | |
| THIRE | D: Document to be corrected is: Formation | | | | | | | |
| | (CHECK THE APPROPRIATE BOX AND COMPLI | TTE THE ADDITIONED E STATEMENT | | | | | | |
| | CHECK THE ATTROTRIATE BOX AND COM DE | THE ATT LICABLE STATEMENT | | | | | | |
| \checkmark | Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: | | | | | | | |
| | The LLC name was set forth incorrectly. The name of the limited | liability company is: | | | | | | |
| | RK Coda Master Tenant, LLC | | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| | | | | | | | | |
| | <u>OR</u> | | | | | | | |
| | Was defectively signed. The manner in which the document was follows: | as defectively signed and the appropriate correction are | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | <u>OR</u> | | | | | | | |
| _ | | | | | | | | |
| | The electronic transmission of the record was defective. | () | | | | | | |
| | William K Krng | 8/25/2020 | | | | | | |
| | Signature of Authorized Representative | Date ' | | | | | | |
| | are of new registered agent, if applicable :(NOTE: if correcting ting the designation). | he registered agent, the new registered agent must sign | | | | | | |
| I hereby provisio | egistered Agent's Signature, if changing Registered Agent: y accept the appointment as registered agent and agree to act in ons of all statutes relative to the proper and complete performan ions of my position as registered agent as provided for in Chapte | ce of my duties, and I am familiar with and accept the | | | | | | |
| reflect of | a change in the registered office address. I hereby confirm that t | he limited liability company has been notified in writing | | | | | | |
| | Registered Agent's S | ignature | | | | | | |
| | Filing Fee: Certified Copy: | \$25.00 \$30.00 (optional) | | | | | | |

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RK CODA MASTER TENANT, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RK CODA MASTER TENANT, LLC" WAS FORMED ON THE THIRTEENTH DAY OF AUGUST, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203529461

Date: 08-25-20

3443297 8300 SR# 20206914664 <u>Delaware</u>

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 CORRECTION OF "RK CODA DST MASTER
TENANT, LLC", CHANGING ITS NAME FROM "RK CODA DST MASTER
TENANT, LLC" TO "RK CODA MASTER TENANT, LLC", FILED IN THIS
OFFICE ON THE TWENTY-FOURTH DAY OF AUGUST, A.D. 2020, AT 4:06
O'CLOCK P.M.



Authentication: 203528076

Date: 08-24-20

3443297 8100 SR# 20206905463

State of Delaware Certificate of Correction of a Limited Liability Company to be filed pursuant to Section 18-211(a)

| | imited Liability Comp Master Tenant, | | | |
|-------------------|--|----------------|--------------------------|----------|
| f State of Delaw | of Formation are on 08/13/2020 mitted by Section 18-21 | ، ســـــــــــ | | e requir |
| ne inaccuracy or | defect of said Certifica | ate is: (mu | ist give specific reason |) _ |
| ne LLC name | was set forth | incorre | ectly. | |
| | | | | |
| ne Certificate is | hereby corrected to rea | d as follo | ws: | |
| | the limited lia er Tenant, LLC | bility | company is: | |
| | | | | |
| * | | | | |
| | OF, the undersigned ha | | | |
| ne <u>21st</u> | day of August | | , A.D. <u>202</u> | |
| | | Ву:_/ | Vellan, | KX |
| | | | Authorized Person | |
| | | Name: | | KIN |
| | | | Print or Type | , |