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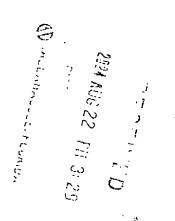
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PICK-UP	WAIT	MAIL
		
(£	Business Entity Name)	
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Certified Copies	Certificates of S	Status
Special Instructions to Fi	lina Officer	
Special instructions to Fi	ing Officer.	
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Office Use Only



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To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 08/22/24 Order #: 1600492-1

Re: B9 Mcleod Owner LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: \$25.0 - FL State Account Number: I20000000195

Please take the following action: File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section

Divi	sion of C	Corporations			
SUBJECT:	B9 McL	eod Owner LLC			
		Name of Forei	gn Limited Li	ability Co	ompany
Dear Sir or N	Madam:				
The enclosed	d applica	tion, certificate and fee(s) are submitte	d for filin	ıg.
Please return	all corre	espondence concerning th	nis matter to th	ne follow	ing:
Alexa Rose					
-	•	Name of Person	-		
Link Logistics	s Real Es	state LLC			
	-	Firm/Company			
602 W. Office	e Center	Drive, Suite 200			
		Address			
Fort Washing	jton, PA	19034			
		City/State and Zip Cod	e		
arose@linklo	gistics.co	m			
E-mail ado	lress: (to	be used for future annua	l report notific	cation)	
For further in	iformatic	n concerning this matter.	please call:		
Alexa Rose		g	267	620-2	2919
	Name	of Person	- \	le & Day	time Telephone Number
Mailir	ıg Addres	s:		Street A	ddress
	stration S				ration Section
		orporations			on of Corporations
	Box 632			The Ce	entre of Tallahassee
Tallal	hassee, F	FL 32314			J. Monroe Street, Suite 810 assee, FL 32303
Enclo	sed is a	check for the following	amount:		
□\$25 Filing		☐ \$30 Filing Fee & Certificate of Status	S55 Filing Certified	-	☐ \$60 Filing Fee, Certificate of Status &
CR2E055 (9/15)					Certified Copy

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)

602 W. Office Center Drive	e			
Suite 200				
Fort Washington, PA 1903	34	IALL	2024	
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Fort Washington, PA 1903	4	Ľoż,	2:2	
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ust 25, 2020		· · · · · · · · · · · · · · · · · · ·		
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for the purpose of transacting the constraint of	g business in Fl alternate name	orida and : . The alter	attach a nate nam	
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	: J. C			
	ida Street Addr.	ess Zip Coo		
	Suite 200 Fort Washington, PA 1903 602 W. Office Center Drive Suite 200 Fort Washington, PA 1903 ability company is: M200000 changes) t contain "Limited Liability Company is adopting the contain making members adopting the contain or "LLC.")	Suite 200 Fort Washington, PA 19034 602 W. Office Center Drive Suite 200 Fort Washington, PA 19034 ability company is: M20000007386 ust 25, 2020 changes) t contain "Limited Liability Company," "L. for the purpose of transacting business in Flaging members adopting the alternate name "C" or "LLC.")	Suite 200 Fort Washington, PA 19034 602 W. Office Center Drive Suite 200 Fort Washington, PA 19034 ability company is: M20000007386 Ust 25, 2020 changes) It contain "Limited Liability Company, " "L.L.C.," or " for the purpose of transacting business in Florida and anaging members adopting the alternate name. The alternate of the officer address on our records, enter the name of the	

If Changing Registered Agent, Signature of New Registered Agent

If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:						
le/ Capacity	Name	Address	Type of Action			
				□Add		
				□Remov		
				□Add		
				□Remov		
				□Add		
				□Remo		
			TALLATIASSEE	2024 AUG 22		
			E.FLORIC	PHE2: 21		
			7	□Add		
forementioned ame	eate, if required: no more than 90 ndment(s), duly authenticated by claw of which this entity is orga	v the official having custody of record	ls in the	□Remov		
	/s/ Alexa Rose	the authorized representative				

Filing Fee: \$25.00