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To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****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
ORTSAC ARCHCO DAVIE LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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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

Ortsac ArchCo Davie LLC

Enter new principal office address, if applicable:

1314 E. Las Olas Blvd., #1111

Ft. Lauderdale, FL 33301

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

1314 E. Las Olas Blvd., #1111

Ft. Lauderdale, FL 33301

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000000467

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 01/12/2021

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

5. New name of the limited liability company: _____
(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: Corporate Creations Network Inc.

New Registered Office Address: 801 US Highway 1

Enter Florida Street Address

North Palm Beach

City

Florida 33408

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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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>
MGR	Ortsac Davie MF Holdings LLC	1314 E. Las Olas Blvd., #1111	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL 33301	<input type="checkbox"/> Remove
M	Dorrie Green	3440 Peachtree Road NE	<input type="checkbox"/> Add
		Atlanta, GA 30326	<input checked="" type="checkbox"/> Remove
M	Neil T Brown	3440 Peachtree Road NE	<input type="checkbox"/> Add
		Atlanta, GA 30326	<input checked="" type="checkbox"/> Remove
Authorized Representative	Dorrie Green	3440 Peachtree Road NE	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30326	<input type="checkbox"/> Remove
Authorized Representative	Neil T Brown	3440 Peachtree Road NE	<input checked="" type="checkbox"/> Add
		Atlanta, GA 30326	<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

Robert T. Castro

Typed or printed name of signer

Filing Fee: \$25.00

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