

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

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From:

Account Name : GREENBERG TRAURIG (WEST PALM BEACH)

Account Number : 075201001473 Phone : {561}650-7900 Fax Number : (561)655-6222

PLEASE FAX TO BETH GDANSKI IN BOCA OFFICE

(561)

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### LIMITED LIABILITY AMENDMENT

### HAWKSFIELDS L-2 MANAGEMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

# ARTICLES OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

FIRST	The name of the limited liability company is:	SE
<u>SECO</u>	ND: The articles of organization or the application to transact business	CRE TA
(CH	ECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT	
X	Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  ARTICLE 1. Name: incorrectly states "The name of the Limi	D OF STATE
	Liability Company is HAWKSFIELDS L-2 MANAGEMENT LLC. The	corrected
	statement should be "The name of the Limited Liability Co	mpany
	is HAWKFIELDS L-2 MANAGEMENT LLC (the "Company")"	
	OR	
	Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:	
Dated:	October 2 2001  Signature of a member of authorized representative of a member  Jonathan E. Gopman, Authorized Representative  Typed or printed name of signee  Filing Fee: \$25.00	
	Certified Copy: \$30.00 (optional)	

CR2E062(3/00)

# ARTICLES OF ORGANIZATION OF HAWKSFIELDS L-2 MANAGEMENT LLC

ARTICLE I. Name: The name of the Limited Liability Company is HAWKSFIELDS L-2 MANAGEMENT LLC (the "Company").

**ARTICLE II. Address:** The mailing address and street address of the principal office of the Company is: 6510 Northwest 9<sup>th</sup> Boulevard, Gainesville, Florida 32605.

ARTICLE III. Registered Agent, Registered Office & Registered Agent's Signature: The name and the Florida street address of the Company's registered agent are:

JONATHAN E. GOPMAN, ESQUIRE

c/o Greenberg Traurig, P.A. 2255 Glades Road, Suite 419A Boca Raton, Florida 33431

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this certificate the hereby accept the appointment as registered agent and agree to act in this capacity further agree to comply with the provisions of all statutes relating 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 in Chapter 608, Florida Statutes.

Jonathan E. Gepman/#sq.

ARTICLE IV. Management:

(Check box/if applicable)

☑ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Jonathan E. Gopman,

Authorized Representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)