

Division of Corporations

https://cfile.sunbiz.org/scripts/cfilcovr.exe

L11000129578

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.

((H150000516923)))



H150000516923ABC3

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

RECEIVED

15 FEB 27 AM 10:00

COMMUNICATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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)694-1639

SECRETARY OF STATE
TALLAHASSEE FLORIDA

2015 FEB 27 AM 9:35

FILED

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
JACK ORR PLAZA PHASE TWO MANAGER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

MAR 02 2015
D. BRUCE

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Jack Orr Plaza Phase Two Manager, LLC

~~(Name of the Limited Liability Company as it now appears on our records.)~~
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/15/2011 and assigned Florida document number L11000129578

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Gallery on the River Manager, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

FILED
2015 FEB 27 AM 9:35
SECRETARY OF STATE
ALBANY FLORIDA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office 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

_____, Florida

City

_____, 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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

2015 FEB 27 AM 9:35
SECRETARY OF STATE
TALLAHASSEE
FLORIDA

FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 27th _____ 2015

Signature of a member or authorized representative of a member

Jessica Morales, Attorney in Fact

Typed or printed name of signer

FILED
2015 FEB 27 AM 9:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA