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.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084 Phone : (407)909-9957 Fax Number : (407)909-9957

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

LN TOWNCENTER I, LLC

 Certificate of Status
 0

 Certified Copy
 0

 Page Count
 04

 Estimated Charge
 \$25.00

2919 NOV 1-3 P2 2: 11

Control corre

4079099984

COVER LETTER TO: Registration Section Division of Corporations LN Towncenter I, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Michelle Dadisman Name of Person Tavistock Financial, LLC Firm/Company 9350 Conroy Windermere Road Address Windermere, FL 3476 City/State and Zip Code michelle.dadisman@tavistock.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 909-9957 Michelle Dadisman Name of Person Daytime Telephone Number

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

☐ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

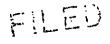
□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed).

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 NOV 13 P 2: 18

LN Towncenter I, LLC		•••	
(Name of the Limited Lin (A Flo	ability Company as it now ap orida Limited Liability Compa	pears on our records.) ny)	LABOUR L. HUMA
The Articles of Organization for this Limited Liabilit	ty Company were filed on	December 23, 2005	and assigned
Florida document number L05000122388	·		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability compan	<u>v here</u> :	
The new name must be distinguishable and contain 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 AL	ODRESS)		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u></u>		
			
B. If amending the registered agent and/or re registered agent and/or the new registered office:		on our records, e	nter the name of the no
Name of New Registered Agent:			11 - 1
New Registered Office Address:			
TVEW AND	Enter	Florida street address	
		, Florid	la
	•		Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:		
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regis.	d complete performance d agent as provided for	e of my duties, and I in Chapter 605, F.S.	am familiar with and . Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP, T Jeffrey S, Smith	Jeffrey S. Smith	6900 Tavistock Lakes Blvd.	□ Add
		Suite 200	
			■ Remove
		Orlando, F1. 32827	☐ Change
VP, T Benjamiu A. Weaver	Benjamin A. Weaver	6900 Tavistock Lakes Blvd.,	
	· · · · · · · · · · · · · · · · · · ·	Suite 200	= Add
			□ Remove
		Orlando, FL 32827	□ Change
			□ Add
		☐ Change	
		☐ Remove	
			Change
		Remove	
		Change	
		□ Add	
			□ Remove
			□ Change

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00