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(Requestor's Name) (Address)	200301045982
(Address) (City/State/Zip/Phone #)	07/12/1701021026 **25.00
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	οcο ***co.00
Special Instructions to Filing Officer:	FILED 17 JUL 12 PH 2: 08 DIVISION OF CORPORATIONS
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# **COVER LETTER**

#### TO: Registration Section Division of Corporations

#### TITUSVILLE DEVELOPMENT I, LLC

SUBJECT: \_

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

L. Gail Gorinly

Name of Person

Culp Elliott & Carpenter, PLLC

Firm/Company

4401 Barclay Downs Drive, Suite 200

Address

Charlotte, NC 28209

City/State and Zip Code

brad.neff@liveonwaterfront.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

L. Gail Gormly	704	973-5340
	at ()	
Name of Person	Area Code	Daytime Telephone Number

#### Enclosed is a check for the following amount:

\$25.00 Filing Fee

□ \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

#### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TITUSVILLE DEVELOPMENT I, LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
FLORIDA LAND INVESTMENTS I, LLC		
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		<u> </u>
Enter new mailing address, if applicable:		FIL 12
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter</u> dress here:	the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	, <u>, -</u> , <u>.</u> ,
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

1

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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### MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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# E. Effective date, if other than the date of filing: \_\_\_\_\_\_ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 20	. 2017	
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Signature of a member or authorized representative of a member

William G. Allen, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00