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12/9/2019

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D	te: 12/9/2019  Acc#120160000072	
	Acc#I20160000072	
Name:	ONE PARK WEST LLC - LCRII LLC	
Document #:		
Order #:	12442223	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good		
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	Thank you!	

#### **COVER LETTER**

		gistration Se vision of Cor			
Name of Limited Liability Company  The enclosed Articles of Amendment and fec(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Christic Christenson  Name of Person  Echelon LLC  Firm/Company  235 Third Street South # 300  Address  Saint Petersburg, FL 33701  City/State and Zip Code christic@cchelonre.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christic Christenson  Name of Person  To further information concerning this matter, please call:  Christic Christenson  Name of Person  To further information concerning this matter, please call:  Christic Christenson  Solo-8220  Daytime Telephone Number  Enclosed is a check for the following amount:  Solo-825.00 Filing Fee Certificate of Status	SHUFCT	O ** ·	est LLC		
Please return all correspondence concerning this matter to the following:    Christic Christenson	JOBALC I		Name of Limi	ited Liability Company	
Christic Christenson    Name of Person	The enclosed	d Articles of .	Amendment and fec(s) are sub-	mitted for filing.	
Name of Person	Please return	ı all correspo	ndence concerning this matter	to the following:	
Echelon LLC  Firm/Company  235 Third Street South # 300  Address  Saint Petersburg, FL 33701  City/State and Zip Code christie@echelonre.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christic Christenson  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Prec{1}{2}\$\$ \$25.00 Filing Fee Certificate of Status  Certificate Copy  Certificate of Status			Christic Christenson		
Firm/Company  235 Third Street South # 300  Address  Saint Petersburg, FL 33701  City/State and Zip Code christie@cchelonre.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christie Christenson  Name of Person  Area Code  \$303-8220  Daytime Telephone Number  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  Certificate of Status  Certificate Copy  Certificate of Status  Certificate Of Status				Name of Person	
Address  Saint Petersburg, FL 33701  City/State and Zip Code christie@cchclonre.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christie Christenson  Name of Person  at (727 803-8220 Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  See \$25.00 Filing Fee \$ \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certificate of Status  Certificate Of Status			Echelon LLC		
Address  Saint Petersburg, FL 33701  City/State and Zip Code christie@echelonre.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christie Christenson  727 803-8220  at (				Firm/Company	
Saint Petersburg, FL 33701  City/State and Zip Code christie@echelonre.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christie Christenson  at (727 803-8220  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Pi\$ \$25.00 Filing Fee \$\Pi\$ \$30.00 Filing Fee & \$\Pi\$ \$55.00 Filing Fee & \$\Pi\$ \$60.00 Filing Fee, Certificate of Status  Certificate of Status			235 Third Street South # 3	00	
City/State and Zip Code  christic@echelonre.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christic Christenson  at (				Address	
Christie Christenson    Christie Christenson			Saint Petersburg, FL 3370	1	
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Christic Christenson  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\overline{\text{\$\text{\$\text{Cortificate} of Status}}} = \text{\$\te				City/State and Zip Code	
For further information concerning this matter, please call:  Christie Christenson  Name of Person  Total Rosses Code  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Pi\$ \$25.00 Filing Fee  Certificate of Status  Certified Copy  Certificate of Status			-		
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Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\overline{\text{25.00 Filing Fee}}\$\$\$ \$\overline{\text{25.00 Filing Fee}}\$	Christie Ch	ristenson			
☐ \$25.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status	<u></u>	Name o	f Person	Area Code Daytime	e Telephone Number
Certificate of Status Certified Copy Certificate of Status	Enclosed is	a check for th	ne following amount:		
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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 FILED OF

12019 DEC -9 A 1 24

One Park West LLC

(Name of the Limited Liability Company as it now appears on our people JARY OF STATE
(A Florida Limited Liability Company)

TALEARASSEE.FLORIDA

The Articles of Organization for this Limited Liability Comp	any were filed on	and assigned
Florida document number L07000078871		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
LCRII LLC		
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	<del></del>
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	
·	City	, Florida
New Registered Agent's Signature, if changing Registered Ag	•	- p
		T.C. day and the second socials dis
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my duties as provided for in Chapter 60	s, and I am familiar with and 05, F.S. Or, if this document is
II	Changing Registered Agent, Signat	ure 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:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			☐ Change
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recor The 9	rd specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the $\epsilon$ 0th day after the record is filed.	arlier (
ated	2019  Signature of a member of without 2ed representative of a member	

Page 3 of 3

Filing Fee: \$25.00