Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

RECEIVED NOV 1 4 2018

From:

Account Name : FLAGLER DEVELOPMENT GROUP, LLC

Account Number : I20020000144 Phone : (305)520-2344

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: (305)520-2400 Fax Number

**Enter the email address for this business entity to be used for future

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Emall	Address:		
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FEC TITUSVILLE-EDGEWATER, LLC

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

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NOV 15

COVER LETTER

TO:	Registration Sec Division of Corp					
		ille-Edgewater LLC				
SUBJE	ECT:	Name of Limit	ed Liability Company			
The en	closed Articles of A	Amendment and fee(s) are subm	nitted for filing.			
Please	return all correspor	ndence concerning this matter to	o the following:			
		Jessica Perez				
			Name of Person			
			Firm/Company	<u></u>		
		117 NE 1st Avenue, 11th F	loor			
	Address					
		Miami, FL 33132				
		kolleen.cobb@feci.com	City/State and Zip Code		2010 NOV 14 MOSSI MARY	
		E-mail address: (t	to be used for future annual report notifica	ution)	NOV 14	
For fu	rther information c	oncerning this matter, please ca	oll:		Tig SSE SSE	į.
Jessic	ca Perez		305 520-2366		F A	IT
 	Name o	f Person		clephone Number	9: 08	.
Enclo	sed is a check for t	he following amount:				
≡ \$3	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FECI Titusville-Edgewater LLC		
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records,)
The Articles of Organization for this Limited Li Florida document number L07000122595	ability Company were filed on	2/10/2007 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company h	nere;
The new name most be distinguishable and contain the v	vords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE		
		SE SE
Enter new mailing address, if applicable:	*******	- σ
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	2 0 P
		<u> </u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address of office address bere:	on our records, enter the name of the ne
Name of New Registered Agent:	Kolleen O.P. Cobb	
New Registered Office Address:	117 NE 1st Avenue, 11th Floor	
1204 1208 (240 231 124 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enter F	Florida street address
	Miami	, Florida 33132
	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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VP	Marshall Bruce Snyder	117 NE 1st Avenue, 11th Floor	
		Miami, Ft. 33132	■ Remove
			Change
VP	Mauricio H. Anderson	117 NE 1st Avenue, 11th Floor	= Add
		Miami, FL 33132	🗆 Remove
			Change
			Add
			□ Remove
			AUT VIEW
			A NO Add
			FLORING CROSS
			<u></u>
			□ Add
			☐ Remove
			Change
			□ Remove
			☐ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00