

11/23/2015

**W07000127900**

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.**

(((H15000279314 3)))



H150002793143ABC%

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

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOJANO  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

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

Email Address: goconnor@dixhite.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
THREE OVER ONE PROPERTIES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

SRL 027020.047269

Electronic Filing Menu

Corporate Filing Menu

Help

NOV 24 2015

S. YOUNG

FILED  
15 NOV 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
15 NOV 23 PM 4:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H15000279314 3)))

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

THREE OVER ONE PROPERTIES 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 12/28/2007 and assigned  
Florida document number L07000127900.

This amendment is submitted to amend the following:

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

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
15 NOV 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

GAIL E. O'CONNOR

New Registered Office Address:

SAME

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.*

Gail E. O'Connor  
If Changing Registered Agent, Signature of New Registered Agent

Gail E. O'Connor

(((H15000279314 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GAIL E. O'CONNOR	150 W. JESSUP AVENUE	<input type="checkbox"/> Add
		LONGWOOD, FL 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GAIL E. O'CONNOR	150 W. JESSUP AVENUE	<input checked="" type="checkbox"/> Add
		LONGWOOD, FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
15 NOV 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

## ARTICLE III - Registered Agent and Registered Office

The name and the Florida street address of the registered agent for the Company are GAIL E. O'CONNOR,  
150 W. Jessup Avenue, Longwood, Florida 32750.

## ARTICLE IV - Management

The Company is to be a manager-managed company.

FILED  
15 NOV 23 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 Nov. 19, 2015.

  
Signature of a member or authorized representative of a member

GAIL O'CONNOR  
Typed or printed name of signee