

L090000029644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

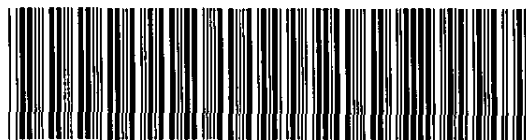
(Business Entity Name)

(Document Number)

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10/21/14--01026--004 **55.00

RECEIVED
DEPARTMENT OF STATE
14 OCT 21 AM 11:16

FILED
14 OCT 21 PM 2:25
TALLAHASSEE, FLORIDA

OCT 22 2014
T. BROWN



October 21, 2014

Shelley Kaye
Greenberg Traurig, LLP
Suite 400
5100 Town Center Circle
Boca Raton FL 33486

Re: Order #: 9317575 SO
Customer Reference 1: 084797.012900
Customer Reference 2:

Dear Shelley Kaye:

In response to your request regarding the above referenced order, your filing(s) has been completed as Indicated below:

SANTA LUCIA PARTNERS MGT., LLC (FL)
Amendment
Florida
Filing Date:
Filing Number:

SANTA LUCIA PARTNERS MGT., LLC (FL)
Obtain Document - Misc - Certified Copy of Articles of Amendment Filing
Florida
Filing Date:
Filing Number:

If you have any questions concerning this order, please contact:

Michele Holden
NRAI Corporate Services - Tallahassee
Phone: 800 388-2123
Email: Michele.Holden@wolterskluwer.com

Thank you for this opportunity to be of service.

Sincerely,

Connie R Bryan

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SANTA LUCIA PARTNERS MGT., LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
14 OCT 21 PM 2:25
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/26/2009 and assigned
Florida document number L09000029644

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 end with 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)

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:

New Registered Office Address:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Genmark Santa Lucia Partners, LLC	1515 N. Federal Highway, Suite 306	<input type="checkbox"/> Add
		Boca Raton, FL 33432	<input checked="" type="checkbox"/> Remove
		1515 N. Federal Highway, Suite 306	
MGR	Mark A. Gensheimer	Boca Raton, FL 33432	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 20 2014



Signature of a member or authorized representative of a member

Mark A. Gensheimer

Typed or printed name of signee