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SEURLIVARY OF STATE TALLAHASSEL FLORIDA

DEPARTMENT OF STATE

JAN 11 2016 J SHIVERS

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017		
Date:	1-8-16	· 	
Requestor Name:	Carlton Fields Jorden Burt, P.A.		
Address:	Post Office Drawer 190 Tallahassee, Florida 32302		
Telephone:	(850) 513-3619 - direct (850) 224-1585		
Contact Name:	Kim Pullen, CP, FRP-		
Corporation Name:	Fountain BR	lidge of Tampa, LLC	
Email Address:			
-Entity Number:	1)		
Authorization:	Kim tu	<u>llen</u>	
X Articles Certified Copy		Certificate of Status	
New Filings	Plain Stamped Copy	Annual Report	
Fictitious Name	Amendments	Registration	
(X) Call When Ready	(X) Call if Problem	() After 4:30	
(X) Walk In	() Will Wait	(X) Pick Up	

CF Internal Use Only
Client: 23271 Matter: 8/8/7
Name: Linnac Office: TLH

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Fountain Bridge of Tampa, LLC	2			
(<u>Name of the Limited Liat</u> (A Flor	illty Company as it now app ida Limited Liability Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	09/29/2009	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liability company	here: N/A		
The new name must be distinguishable and contain the words "L	imited Liability Company," th	e designation "LLC" or the	abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:			29 -	_
(Principal office address MUST BE A STREET ADL	ORESS)		CKI C	
			2	
	<u> </u>		<u> </u>	
Enter new mailing address, if applicable:				d The first
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	"	5 9	in a line
IMMINING GAGNESS MAT BE A FOST OFFICE BOA		······································		weget.
			in the second	-
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		on our records, <u>enter</u>	the name of the	<u>new</u>
Name of New Registered Agent:			***	_
New Registered Office Address:				
• The second of	Enter F	lorida street address		
		, Florida		
	City		Zip Code	•
New Registered Agent's Signature, if changing Register	ed 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: N/A MGR = Manager AMBR = Authorized Member Title Name Address Type of Action _ Add □ Remove □ Change DbA 🗆 □ Remove Change 5 ASSET FLORIDA _D Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add

☐ Remove

☐ Change

2. Delete all references to "Managing Member' and substitute "Manager" in its place and stead 2. Delete all references to "Managing Member' and substitute "Manager" in its place and stead 2. Delete all references to "Managing Member' and substitute "Manager" in its place and stead	1. Delete Articles 3 through 7	
	2. Delete all references to "Managing Member' and substitute "Manager"	in its place and stead
		
		
		N. S.
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		<u> </u>
	ective date, if other than the date of filing:	·
ective date, if other than the date of filing: (ontional)	n 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
ective date, if other than the date of filing: greater than the date of filing: greater than the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 to: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as	record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	time, at 12:01 a.m. on the earlier of
ective date, if other than the date of filing:	ited January 7, 2016.	
dective date, if other than the date of filing:		

Filing Fee: \$25.00

EXHIBIT A

List of Members and Capital Contributions:

<u>Member:</u>	Capital Contribution	Membership Percentage Interest
Jeffrey Cagan	\$ 862,500.00	15%
Bryan Cagan	\$ 287,500.00	5%
Richard H. Driehaus 2003 Revocable Trust	\$2,300,000.00	40%
Robert Moyer	\$ 575,000.00	10%
Projab Investments	\$ 575,000.00	10%
Robert M. Hickey Living Trust	\$1,150,000.00	20%
TOTALS	\$5,750,000.00	700% 5
		JAN - RETA AHAS

NOUNE JARY OF STATE

LAW OFFICE
WITHDIAM J. DBAS, P.A.
2216 RIVER BOULEVARD
JACKSONVILLE, FL 32204

Z:\SOUTHLAKE\2000-422\Second Amondment To Operating Agreement.Docx

MANAGER f/k/a MANAGING MEMBER

JEFFREY CAGAN

Jeffrey Cagan (Owner of 15% of Membership Interests)

gan (Owner of 5% of Membership Interests)

RICHARD W. DAIEHAUS 2003 REVOCABLE TRUST

Richard H. Driehaus, as its Trustee (Owner of 40% of Membership Interests)