

L12000152540

(Requestor's Name)

(Address)

(Address)

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TALLAHASSEE, FLORIDA

N. Cuffigan DEC 27 2012

DEPARTMENT OF STATE  
ACCOUNT FILING COVER SHEET

Account Number FCA000000017  
Date: 12/21/12  
Requestor Name: Carlton Fields  
Address: Post Office Drawer 190  
Tallahassee, Florida 32302  
Telephone: (850) 513-3619 - direct  
(850) 224-1585  
Contact Name: Kim Pullen, CP, FRP

Corporation Name: Cagan Crossings Outparcels  
Unit Three, L.L.C.  
Email Address: \_\_\_\_\_  
Entity Number: L12000152540  
Authorization: Kim Pullen

2nd  
Amended  
Articles  
☒ Certified Copy

☒ New Filings  
☐ Fictitious Name

☐ Plain Stamped Copy  
☒ Amendments

☒ Certificate of Status  
☐ Annual Report  
☐ Registration

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Name: W. Deas Office: \_\_\_\_\_

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
2012 DEC 26 AM 10:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Cagan Crossings Outparcels Unit Three, L.L.C.

(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 December 6, 2012 and assigned  
Florida document number L12000152540.

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*

*City, Florida 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
n/a	n/a	n/a	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Revise name of Initial Member Michael Daniels to read:

MMD Family Real Estate, LLP

Dated December 21, 2012.

  
Jeffrey Cagan

Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 3 of 3

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