L12000152540

(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2011 JUN 13 AM 8: 39
SECRETARY OF STATE
SECRETARY OF STATE

DEPARTMENT OF PICT

K. SALY

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

Account Number	FCA00000017	
Date:	6-13-17	
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 Crossin Unit The	rgs Outparcels ree, UC
Email Address:		
Entity Number:	L1200015	2540
Authorization:	Kim Pull	٠
Amendment. 6-13-17 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
	,	

9501656.4

CF Internal Use Only

Name: N. Linnan

Office: TLH

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 JUN 13 AM 8:35

FALLAHASSEE, 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 Li	iability Company	were filed on Dec	zember 6, 2012	and assigned
Florida document number L12000152540	·		•	
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company he	<u>re</u> :	,
N/A		•		
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
Principal office address MUST BE A STREE	T ADDRESS)			
•				
• .			•	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)		· · · · · · · · · · · · · · · · · · ·	
3	_			
B. If amending the registered agent and/ registered agent and/or the new registered of			our records, ente	r the name of the new
registered agent and/or the new registered of	ince additess itei	E.		
Name of New Registered Agent:	N/A			
New Registered Office Address:		Enter Flor	da street address	
			, Florida _	
		City	, Fioriua _	Zip Code
New Registered Agent's Signature, if changing F	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the status of the	er and complete stered agent as j	performance of provided for in C	my duties, and I an kapter 605, F.S. O	n familiar with and r, if this document is
company has been notified in writing of this				
	If Cha	nging Registered Ag	ent, 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

Title	Name	Address	Type of Action
N/A	N/A		□ Add
			□ Remove
			□ Change
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effectiv e: If th	date, if other to date is listed, the date inserted is effective date	date must be a in this block o	pecific and can loes not meet	not be prior to the applicab	date of filing or c statutory fili	more than 90 days	ptional) after filing.) Pu this date will	rsuant to 605,0207 not be listed as	(3)(b) tha
	i specifies a c th day after i			e, but not a	ın effective	time, at 12:0	li a.m. on	the earlier of	' <b>:</b>
:d	June	13 &	017.						
	•				ed representativ				

Typed or printed name of signee

## MANAGER f/k/a MANAGING MEMBER

JEFFREY CAGAN

Jeffrey Cagan (Owner of 15% of Membership Interests)

**BRYAMCAGAN** 

Bryan/Cagan (Owner of 15% of Membership Interests)

RICHARDA) DRIEHAUS 2003 REVOCABLE TRUST

Richard H. Driehaus, as its Trustee (Owner of 50% of Membership Interests)