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T. BROWN

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Fax Serve

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2014-03-19 20 22:37 (GMT) #

March 13, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DUVAL PARK GP LLC 5300 W. CYPRESS ST. 200 TAMPA, FL 33607

SUBJECT: DUVAL PARK GP LLC

REF: L13000072204

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P.O BOX 6327 - Tallahassee, Florida 32314

2014-03-19 20:22:37 (GMT)

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DUVAL PARK GP LLC

Name of the	e Limited	Liability (Company a	s it now ap	ears on o	ur records.)
	· (A	Florida Li	miled Liabi	ity Compan	(V)	

the property of the state of th	• • • • •	•	
		Enter Florida street d	aaress
New Registered Office Address:		Pater Classife and at	
Name of New Registered Agent:		and the state of the state of	S
	· .	**	
registered agent and/or the new registered of			
B. If amending the registered agent and/o		dress on our re	ords, enter the nan
$((1, 1), 2, 1) \in \mathcal{M}_{k} \times \mathbb{R}^{k} \times R$	the second second	The second second	The same of the sa
grande en	· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE I			
Enter new mailing address, if applicable:			
		••	*
(Principal office address MUST BE A STREE)	(ADDRESS)	· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applica	ible:		
The new name must be distinguishable and end with the v	vords "Limited Liability Corr	pany." the designation	n "L).C" or the abbreviation
A. If amending name, enter the new name of			to an extension of the second
This amendment is submitted to amend the follo	_		
This amonda are in a haristant to a mand the C. H.			
Florida document number L13000072204	·		•
		led on May 16,	

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 conprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar was accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liab company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ag

Page 1 of 3

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of en Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>			Address		. Tyi
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

ARTICLE V IS DELETED IN ITS ENTIRETY AND REPLACED AS FOLLOWS:

The company is to be managed by one or more managers and is,

therefore, a manager managed company. The initial manager is:

Blue Sky Communities LLC

5300 W. Cypress St., Ste. 200, Tampa, FL 33607

(optional)

E. Effective date, if other than the date of filing:

(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 March 12

2014

Signature of a member or authorized representative of a member

SHAWN WILSON

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Filing Fee: \$25.00