

07/07/2016

14:13

(FAX)

F001/005

L13000172365

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000159409 3)))



H160001594093ABC2

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : KATZ, BARRON, SQUITERO AND FAUST
Account Number : 872627002473
Phone : (305)856-2444
Fax Number : (305)285-9227

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: julie@eb5florida.com

Matter #04311003 (ELE)

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CHARTER DC JACKSONVILLE LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2016 JUL -7 PM 3:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA2016 JUL -7 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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K. SALY
EXAMINER

JUL -8

07/07/2016 14:14

(FAX)

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Fax Audit No.: (((H16000159409 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHARTER DC JACKSONVILLE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Erica L. English, Esq.

Name of Person

Katz Barron Squitero

Firm/Company

2699 S. Bayshore Drive, 7th Floor

Address

Miami, FL 33133

City/State and Zip Code

julie@eb5florida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leyani Roman

Name of Person

at (305)

Area Code

856-2444

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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(FAX)

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Fax Audit No.: (((H16000159409 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CHARTER DC JACKSONVILLE, LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 13, 2013 and assigned Florida document number L13000172365.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

6547 Midnight Pass Road, #3

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34242

Enter new mailing address, if applicable:

6547 Midnight Pass Road, #3

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34242

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:

Suncoast Community Partners, LLC

New Registered Office Address:

6547 Midnight Pass Road, #3

Enter Florida street address

Sarasota

City

Florida

34242

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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ESJ Capital Partners, LLC	_____	<input type="checkbox"/> Add
		19950 W Country Club Drive, Suite 800, Aventura, FL 33180	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	MG3 Fund, LLC	_____	<input type="checkbox"/> Add
		1915 Harrison Street, 2nd Floor, Hollywood, FL 33180	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Charter Dunn, LLC	6547 Midnight Pass Road, #3, Sarasota, FL 34242	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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SECRETARY OF STATE
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Change

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

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TALLAHASSEE, FLORIDA

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

(If an 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 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated June 29, 2016



Signature of a member or authorized representative of a member

CHARTER DUNN LLC

By: Benjamin R. Norton, as Manager

Typed or printed name of signer