

From:

Division of Corporations

L14000022927

02/25/2014 16:25

P. 001/004

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Florida Department of State
Division of Corporations
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((H14000046537 3)))



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To:

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

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800) 221-2972
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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DB GAINESVILLE, LLC

Certificate of Status	1
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TALLAHASSEE, FLORIDA

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FEB 26 2013

T. HAMPTON

From:

02/25/2014 15:30

#542 P.002/004

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DB GAINESVILLE, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 02/10/2014

Florida document number L14000022927

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

_____, Florida _____
City 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

From:

02/25/2014 15:30

#542 P.003/004

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	David E. Berman 2007 Revocable Living Trust	415 L'Ambiance Drive, A-901 Longboat Key, FL 34228	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	Nancy H. Berman 2007 Revocable Living Trust	415 L'Ambiance Drive, A-901 Longboat Key, FL 34228	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	ASB Walkill, LLC	415 L'Ambiance Drive, A-901 Longboat Key, FL 34228	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Lizzie Realty, LLC	415 L'Ambiance Drive, A-901 Longboat Key, FL 34228	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Gang Realty, LLC	415 L'Ambiance Drive, A-901 Longboat Key, FL 34228	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
AMBR	Suffern Place Associates, L.P.	415 L'Ambiance Drive, A-901 Longboat Key, FL 34228	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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From:

02/25/2014 15:30

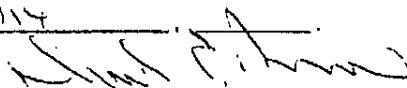
#542 P.004/004

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

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

(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 2/24/14



Signature of a member or authorized representative of a member

David E. Berman

Typed or printed name of signer

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Filing Fee: \$25.00

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