

## Division of Corporations

Page 1 of 2

**L14000035259**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H15000216265 3)))



H150002162653ABC

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

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

From: Account Name : TAVISTOCK GROUP  
Account Number : I20130000052  
Phone : (407) 909-9958  
Fax Number : (407) 909-9984

2015 SEP -8 AM 8:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

Email Address: cpillo@tavistock.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DECANTER CO. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

RECEIVED

15 SEP -8 PM 4:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 09 2015  
J. HARRIS

(((H15000216265 3)))

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

**DECANTER CO. LLC**

(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 February 27, 2014 and assigned Florida document number L14000035259.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**TAVISTOCK REAL ESTATE MANAGEMENT SERVICES, LLC**

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 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**

**Page 1 of 3**

(((H15000216265 3)))

(((H15000216265 3)))

**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>
MGR	Douglas McMahon	4705 South Apopka Vineland Road	<input type="checkbox"/> Add
		Suite 210	<input checked="" type="checkbox"/> Remove
		Orlando, FL 32819	
MGR	Thomas B. Youth	9350 Conroy Windermere Road	<input checked="" type="checkbox"/> Add
		Windermere, Fl 34786	<input type="checkbox"/> Remove
VP	Douglas McMahon	4705 South Apopka Vineland Road	<input checked="" type="checkbox"/> Add
		Suite 210	<input type="checkbox"/> Remove
		Orlando, FL 32819	
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

2015 SEP - 8 AM 8:39  
 SECRETARY OF STATE  
 ALI HASSEET, ONID

7  
 7  
 7  
 7

(((H15000216265 3)))

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 September 8, 2015



Signature of a member or authorized representative of a member

Jefferson R. Voss, Manager

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2015 SEP - 8 AM 8:33  
CLERK OF STATE  
TALLAHASSEE FLORIDA

(((H15000216265 3)))