

214 0000 66534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

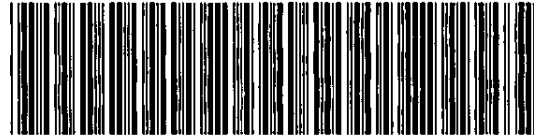
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/19/14--01010--008 **25.00

14 JUN 19 PM 2:17
FILING OFFICE
200261386422

EQUINOX

Development Properties, Inc.

On Behalf of Equinox Rolling Oaks, LLC

June 13, 2014

VIA U.S. MAIL

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

Re: Equinox Rolling Oaks, LLC – Amend Articles of Organization

Dear Registration Section:

Enclosed is a request to amend the current Articles of Organization for Equinox Rolling Oaks, LLC along with a \$25.00 check for the filing fee.

Please feel free to let me know if you should have any questions.

Sincerely,



Ryan Stahl
on behalf of **Equinox Rolling Oaks, LLC**
as its Manager

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **Equinox Rolling Oaks, 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:

Ryan P. Stahl

Name of Person

Equinox Rolling Oaks, LLC

Firm/Company

630 S. Maitland Avenue, Suite 100

Address

Maitland, FL 32751

City/State and Zip Code

lori@equinox-development.com

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

For further information concerning this matter, please call:

Lori Ryan

Name of Person

407 628-0077

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

Equinox Rolling Oaks, 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 04/24/14 and assigned
Florida document number L14000066534.

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

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	Ryan P. Stahl	630 S. Maitland Avenue, Suite 100	<input checked="" type="checkbox"/> Add
		Maitland, FL 32751	<input type="checkbox"/> Remove
MGR	John C. Vick, III	630 S. Maitland Avenue, Suite 100	<input type="checkbox"/> Add
		Maitland, FL 32751	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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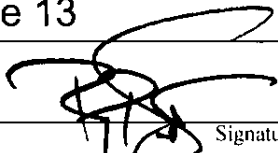
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 01-20-11 BY 61472/UC/STP

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 June 13, 2014



Signature of a member or authorized representative of a member

Ryan P. Stahl

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 JUN 19 PM 2:17
TALLAHASSEE, FLORIDA