

L14000079817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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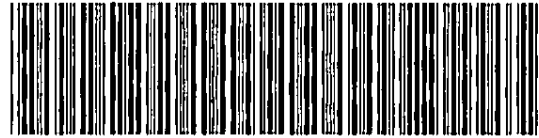
(Business Entity Name)

(Document Number)

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19 NOV 13 AM 9:09
FILING STAFF
SECTION OF CORPORATIONS

DEC 11 2019
C. McNEIL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EQX RETAIL FUND I, LLC

Name of Limited Liability Company

FILED
DIVISION OF CORPORATIONS
19 NOV 13 AM 9:09

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

Please return all correspondence concerning this matter to the following:

JOHN C VICK III

Name of Person

EQX RETAIL FUND I, LLC

Firm/Company

1009 MAITLAND CC BLVD., STE 209

Address

MAITLAND, FL 32751

City/State and Zip Code

ADMIN@V3CAPGROUP.COM

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

For further information concerning this matter, please call:

CAROLYN STANLEY

407

848-1663

at ()

Name of Person

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**

EQX RETAIL FUND I, LLC

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

19 NOV 13 AM 9:09
CLERK OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 05/16/2014 and assigned
Florida document number L14000079817.

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:

(Principal office address MUST BE A STREET ADDRESS)

1009 MAITLAND CC BLVD.

STE 209

MAITLAND, FL 32751

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1009 MAITLAND CC BLVD.

STE 209

MAITLAND, FL 32751

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:

EQX RETAIL FUND I MANAGER, LLC

New Registered Office Address:

1009 MAITLAND CC BLVD., STE 209

Enter Florida street address

MAITLAND

City

, Florida 32751

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 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	EQX RETAIL FUND I MANAGER, LLC	1009 MAITLAND CC BLVD. STE 209 MAITLAND, FL 32751	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" 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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			<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

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F. Effective date, if other than the date of filing: _____ (optional)
 _____ (date of filing or more than 90 days after filing).

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.

Dated NOVEMBER 5 2019

JOHN C VICK, III

Typed or printed name of signee