

Aug. 7, 2014 2:44PM

L140000103745

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.

((H14000186845 3)))



H140001868453ABC4

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 : NELSON MULLINS RILEY & SCARBOROUGH, LLP - JACKSONVILLE  
Account Number : I20130000058  
Phone : (904) 665-3631  
Fax Number : (904) 665-3641

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

Email Address: chris.mccranie@nelsonmullins.com

RECEIVED

14 AUG -7 PM 2:50

DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
TIDEWATER HOMES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
14 AUG -7 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

AUG - 8 2014  
T. HAMPTON

Aug. 7. 2014 2:44PM

No. 0401 P. 2

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

TIDEWATER HOMES, 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 June 27, 2014 and assigned  
Florida document number L14000103745

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**

AUG. 7. 2014 2:44PM

No. 0401 P. 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>
AMBR	J. Malcolm Jones III	3625 Hendricks Avenue	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32207	<input type="checkbox"/> Remove
AMBR	J. Pate Foshee	3625 Hendricks Ave	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

14 AUG 17 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Aug. 7, 2014 2:44PM

No. 0401

P. 4

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 August 7, 2014

Pate Foshee

Digitally signed by Pate Foshee  
DN: cn=Pate Foshee, o=us,  
email=pfoshee@bri.com, c=US  
Date: 2014.08.07 14:52:13 -0400

\_\_\_\_\_  
Signature of a member or authorized representative of a member

J. Pate Foshee

\_\_\_\_\_  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FILED  
14 AUG -7 AM 7:34  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA