

L14 000 119263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

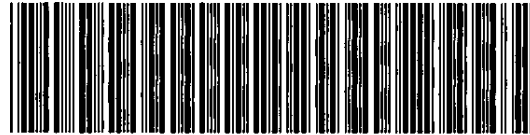
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600265401816

11/03/14--01054--006 **55.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 NOV -3 PM 12:56

FILED

NOV - 5 2014

T CLINE

James D. Palermo
General Counsel and Executive Vice President



October 30, 2014

VIA FEDERAL EXPRESS

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: ECLNT, LLC, LLC
L14000119263

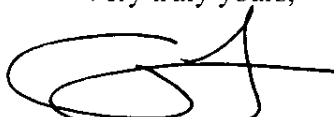
2014 NOV -3 PM 12:55
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Gentlemen:

Enclosed please find, for filing with your office, an Amendment to the Articles of Organization of ECLNT, LLC. The Amendment removes DeBartolo Holdings, LLC as a Manager of the company.

I am also enclosing a check, in the amount of \$55.00, in payment for the required filing fee and for the return to my attention of a certified copy of the Amendment, a copy of which is also enclosed herein.

Very truly yours,



JAMES D. PALERMO

JDP/ms
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ECLNT, 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:

James D. Palermo

Name of Person

DeBartolo Holdings, LLC

Firm/Company

15436 North Florida Avenue, Suite 200

Address

Tampa, FL 33613

City/State and Zip Code

jpalamo@debartoloholdings.com

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

2014 NOV -3 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

For further information concerning this matter, please call:

James D. Palermo

at (813) 908-8400

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" 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**

ECLNT, 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 July 29, 2014 and assigned
Florida document number L14000119263

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	DeBartolo Holdings, LLC	15436 North Florida Avenue	<input type="checkbox"/> Add
		Suite 200	<input checked="" type="checkbox"/> Remove
		Tampa, FL 33613	
			<input type="checkbox"/> Add
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2014 NOV -3 PM 5:56
FILED

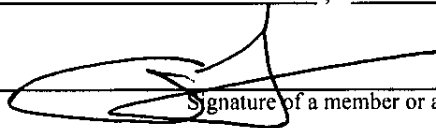
D, If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2014 NOV -3 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 October 31, 2014



Signature of a member or authorized representative of a member
James D. Palermo, Authorized Representative

Typed or printed name of signee