

MAR/29/2019 12:19 PM

FAX No.

P. 001/004

3/29/2019

L14000121200

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.

((H19000105036 3)))



H190001050363ABCZ

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 : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
FIVE DIAMOND AUTO SPA AT GALLERIA MALL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

4/11/19 DS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIVE DIAMOND AUTO SPA AT GALLERIA MALL 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 08/01/2014 and assigned
Florida document number L14000121200

This amendment is submitted to amend the following:

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

FIRST CLASS SERVICE GROUP LLC

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)

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

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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

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

209 MAR 29 F 6:25
FALLMUSSETT 1602

FILED
20 MAR 24 PM 6:25
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

Effective date, if other than the date of filing: _____ (Optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated March 25 2019

Andy Quince

Signature of a member or authorized representative of a member

Evelyn Quintero

Typed or printed name of signer

Division of Corporations

Page 1 of 2

A0100000407

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.

((H19000105198 3)))



H190001051983ABC1

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

FILED
2019 MAR 29 PM 6:26
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : 120160000031
Phone : (407) 839-4277
Fax Number : (407) 839-4264

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

Email Address: _____

**LP/LLLP AMENDMENT/RESTATEMENT/CORRECTION
FOUNTAINS AT FALKENBURG II, L.L.L.P.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$52.50

2019 MAR 29 PM 2:30

Electronic Filing Menu

Corporate Filing Menu

Help

4/11/19 9:05

AMENDMENT TO
CERTIFICATE OF LIMITED LIABILITY LIMITED PARTNERSHIP
OF
FOUNTAINS AT FALKENBURG II, L.L.L.P.

Pursuant to the provisions of §620.1202, Florida Statutes, the undersigned, constituting the former and current general partners of FOUNTAINS AT FALKENBURG II, L.L.L.P., a Florida limited liability limited partnership (the "Partnership"), submits the following:

1. The current name of the Partnership is FOUNTAINS AT FALKENBURG II, L.L.L.P.
2. The date of the filing of the original certificate of limited liability limited partnership of the Partnership was March 2, 2007 (the "Certificate").
3. Paragraph 3 of the Certificate is hereby deleted in its entirety and the following substituted in lieu thereof:

3. The name and business address of the general partner is:

SOUTHERN AFFORDABLE SERVICES, INC., a Florida not-for-profit corporation
335 N. Knowles Avenue, Suite 101
Winter Park, Florida 32789

The Certificate has been executed by the undersigned this 21 day of March, 2019.

FORMER GENERAL PARTNER:

SAS FOUNTAINS AT FALKENBURG II
MANAGERS, L.L.C., a Florida limited liability company

By: Southern Affordable Services, Inc., a Florida not-for-profit corporation, its sole member

By: JC

Jay P. Brock
Executive Vice President

GENERAL PARTNER:

SOUTHERN AFFORDABLE SERVICES, INC., a Florida not-for-profit corporation

By: JC

Jay P. Brock, Executive Vice President