

L14000175200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

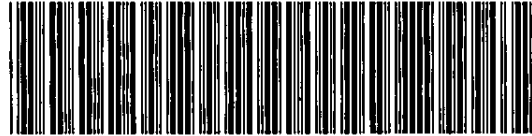
(Business Entity Name)

(Document Number)

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15 MAY -8 PM 3:46
MAY 14 2015
MAY 14 2015
MAY 14 2015
MAY 14 2015

M. MILLIGAN
EXAMINER

MAY 21 2015

200 SW 1st AVENUE, SUITE 1200
FORT LAUDERDALE, FLORIDA 33301



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Beverly F. Bryan

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May 7, 2015

VIA FEDEX

Division of Corporations
Amendment Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

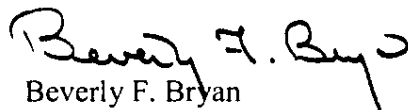
Re: EIP Davie I, LLC – Name Change Amendment

Dear Sirs:

Enclosed please find Articles of Amendment to Articles of Incorporation for EIP Davie I, LLC amending the name of the corporation to **EIP AT Davie 1, LLC** and our check in the amount of \$55.00 to cover the filing fees and a certified copy thereof.

Should you have any questions, please do not hesitate to call us.

Very truly yours,


Beverly F. Bryan
Legal Assistant

/bb
Enclosures

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

EIP DAVIE I, 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 NOVEMBER 12, 2014 and assigned:
Florida document number L14000175200

This amendment is submitted to amend the following:

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

EIP AT DAVIE I, 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

_____, **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 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
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U.S. DEPT. OF JUSTICE

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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 MAY 6, 2015

Typed or printed name of signee

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COMMUNICATIONS SECTION