L15000056292

| (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: | | | | |
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Office Use Only



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T. CLINE
AUG 30 7018
EXAMINER

DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET

 $\mathcal{D}_{\mathcal{F}}$

| Account Number | FCA00000017 | | | |
|---|--|--|--|--|
| Date: | 8-29-18 | | | |
| Requestor Name: | Carlton Fields | | | |
| Address: | Post Office Drawer 190 Tallahassee, Florida 32302 | AUTHORIZED AMOUNT TO DEDUCT FROM ACCOUNT | | |
| Telephone: | (850) 513-3619 - direct (850) 224-1585 | s 60.00 | | |
| Contact Name: | Kim Pullen, CP, FRP | | | |
| Corporation Name: | Atwater Apa | etments, LLE | | |
| Email Address: | | - (φ) ω | | |
| Entity Number: | L15000056292 E | | | |
| Authorization: | Jim Pullen | | | |
| 2nd Archides of Amendmen Certified Copy New Filings Fictitious Name | Plain Stamped Copy Amendments | Certificate of Status Annual Report Registration | | |
| X) Call When Ready | (X)Call if Problem | () After 4:30 | | |
| X) Walk in | () Will Wait | (X) Pick Up | | |
| | | | | |

CF Internal Use Only
Client: 23271 Matter: 81317
Name: Linnan Office: 72 N

PA 23 5 9:3:

SECOND ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATWATER APARTMENTS, LLC, a Florida Limited Liability Company

The Articles of Organization for this Limited Liability Company were filed on March 30, 2015 and assigned Florida document number L15000056292

This amendment is submitted to amend the following:

| A. If amending name, enter the new name of th | e limited liability company here: N/A | | | | |
|--|---------------------------------------|--|--|--|--|
| Enter new principal offices address if applicable: (Principal office address must be street address) | N/A | | | | |
| 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: | N/A | | | | |
| New Registered Office Address: | N/A Enter Florida street address | | | | |
| | City | | | | |
| | Siale | | | | |

New Registered Agent's Signature, if changing Registered Agent:

Ö

I hereby accept this 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

| C. <u>addre</u> | as of each person being added or rem | | the title, name and | | |
|--------------------|--|--|---------------------------------------|--|--|
| | – Manager R – Authorized Member | | , in | | |
| Title | <u>Name</u> | <u>Address</u> | Type of Action | | |
| <u>MGR</u> | Tavares Equity Partners, LLC, a Florida Limited Liability | 16554 Cagan Crossings Blvd. Suite 4 | □ Add | | |
| | Company | Clermont, Florida 34714 | ⊠ Remove | | |
| <u>MGR</u> | Tavares Equity Investors, LLC, a Delaware Limited Liability | 16554 Cagan Crossing Blvd. Suite 4 | ⊠ Add | | |
| | Company | Clermont, Florida 347141 | ☐ Remove | | |
| D. | If amending any other information, enter change(s) here: (Attach additional sheets, if neces | | | | |
| | See page 3 attached | *************************************** | | | |
| | | | | | |
| | | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | |
| | | | | | |
| E. | Effective date, if other than the date of (If an effective date is listed, the date must | | | | |
| | 90 days after filing). Pursuant to 605.0207 | 7 (3)(b). | - | | |
| | Note: If the date inserted in this block of will not be listed as the document's effect | loes not meet the applicable statutorive date on the Department of State | | | |
| If the | record specifies a delayed effective date, | , but not an effective time, at 12: | 02 a.m. on the earlier | | |
| of: (b) | The 90th day after the record is filed. | | | | |
| | Dated | , 2018. | | | |
| | See page 4 attached | | | | |
| | Signature of a member or a | suthorized representative of a member | | | |
| | Typed or printed name of s | angie | | | |

1. Revise the initial members in Article 11 to read as follows:

MANAGER/MEMBER

Tavares Equity Investors, LLC, a Delaware Limited Liability Company

MEMBERS:

Jeffrey Cagan

Robert M. Hickey, Living Trust

Bryan Cagan, as Grantor for BZC Revocable Trust

Baybrink Atwater - LLC

Joseph Gottesman

Michael Daniels, MMD Family Limited Partnership

William J. Deas, P.A., Profit Sharing Plan

2. Delete Articles 3 - 6

Executed in several counterparts:

MANAGER/MEMBER:

Tavares Equity Investors, LLC, a Delaware Limited Liability Company

MEMBERS:

Jeffrey Cagan

Robert M. Hickey, Living Trus

Bryan Cagan, as Grantor for BZC

Respeable Trust

Baybrink Atwater, LLC

Joseph dittesman

Michael Daniels, MMD Family

Limited Partnership

William J. Deas, P.A. Profit Sharing Plan