

L15 0000 83071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

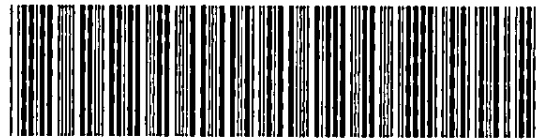
(Business Entity Name)

(Document Number)

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11/13/19--01003--022 \*\*375.00

11:20 AM  
DIVISION OF CORPORATIONS  
19 NOV 13 AM 9:08

DEC 11 2019  
C.M.C.H.17



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

CLERMONT REGIONAL INVESTORS, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FLORIDA STATE  
DIVISION OF CORPORATIONS  
19 NOV 13 AM 9:09

The Articles of Organization for this Limited Liability Company were filed on 05/11/2015 and assigned  
Florida document number L15000083071.

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 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)**

1009 MAITLAND CC BLVD.

STE 209

MAITLAND, FL 32751

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1009 MAITLAND CC BLVD.

STE 209

MAITLAND, FL 32751

**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:

EQX RETAIL FUND II MANAGER, LLC

New Registered Office Address:

1009 MAITLAND CC BLVD., STE 209

*Enter Florida street address*

MAITLAND

*City*

Florida 32751

*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>
MGR	EQX RETAIL FUND II MANAGER, LLC	1009 MAITLAND CC BLVD.	<input type="checkbox"/> Add
		STE 209	<input type="checkbox"/> Remove
		MAITLAND, FL 32751	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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