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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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SECRETARY OF STAIR

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COVER LETTER

TO: Registration Sec Division of Cor			
	illage Center Circle, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Susan S. Bloodworth		
		Name of Person	
	McClure Bloodworth, P.L.		
		Firm/Company	····
	81 King Street, Suite A		
		Address	
	St. Augustine, FL 32084		
		City/State and Zip Code	
	sbloodworth@mblandlaw.co		
	E-mail address: (t	o be used for future annual report notifica	ition)
For further information c	oncerning this matter, please ca	dl:	7 <u>4</u> 6
Susan S. Bloodworth		904 825-4343	ALCO NO T
Name o	f Person	Area Code Daytime T	elephone Number 2
Enclosed is a check for the	he following amount:		1. S.
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

6303 Old Village Center Circle, LLC	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on 11-5-15 and assigned
Florida document number L15000187809	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	iability company here:
The new name must be distinguishable and contain the words "Limited Li	iability 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)	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TAGE NO.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I	d office address on our records, enter the name of the
registered agent and or the new registered office addition	
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>	Type of Action
AMBR	Susan S. Bloodworth	81 King Street, Suite A	
		St. Augustine, FL 32084	■ Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			AARD NO Remove
			SSEE Change
			☐ Remove
		-	☐ Change
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			□ Remove
			☐ Change

				
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fective date, if other than the da	te of filing:		(optional	n er o
an effective date is listed, the date must be ote: If the date inserted in this block	specific and cannot be prior does not meet the applic	to date of filing or mo able statutory filing	re than 90 days after filin requirements, this dat	g.) Pursuant to 605.0207 e will not be listed as
ocument's effective date on the Depa			•	
e record specifies a delayed e The 90th day after the record		t an effective ti	me, at 12:01 a.m	. on the earlier of
November 10	2015			
Sman S. Bloodu	V D			
Swan O. Bloodu	orth	(mon A)	tird	
Sic	nature of a member or auth	orized representative (of a member	

Page 3 of 3

Filing Fee: \$25.00