

LS000197639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

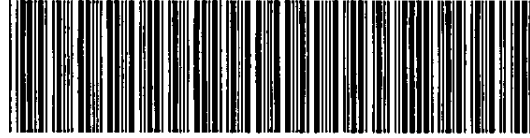
(Business Entity Name)

(Document Number)

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16 JAN 11 AM 10:27
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Guffgan JAN 12 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ST. PETE DOWNTOWNER, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RYAN P. SPAARGAREN
Name of Person

ST. PETE DOWNTOWNER, LLC
Firm/Company

333 1/2 N.E. 2ND ST.
Address

DELRAY BEACH, FL 33444
City/State and Zip Code

ryan@riveddowntowner.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Spaargaren at (561) 635-0419
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, 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

FILED

ST. PETE DOWNTOWNER LLC JAN 11 AM 10:27

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/30/2015 and assigned Florida document number L15000197639

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)

333 1/2 N.E. 2ND ST.
DELRAY BEACH, FL 33444

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

333 1/2 N.E. 2ND ST.
DELRAY BEACH, FL 33444

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:

RYAN P. SPAARGAREN

New Registered Office Address:

333 1/2 N.E. 2ND ST.

Enter Florida street address

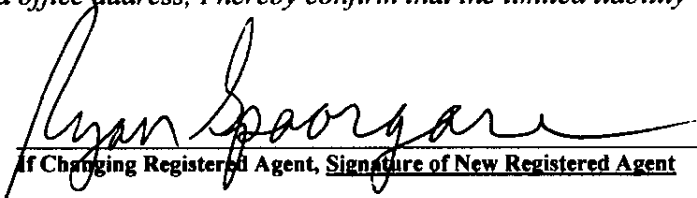
DELRAY BEACH, Florida 33444

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>
<u>MGR</u>	<u>WILLIAM P. MCCAULEY</u>	<u>333 1/2 N.E. ^{4TH AVE.} 2ND ST.</u>	<input type="checkbox"/> Add
		<u>DELRAY BEACH, FL 33483</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>RYAN P. SPAARGAREN</u>	<u>333 1/2 N.E. 2ND ST.</u>	<input checked="" type="checkbox"/> Add
		<u>DELRAY BEACH, FL 33444</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>STEPHEN A. MURRAY II</u>	<u>333 1/2 N.E. 2ND ST.</u>	<input checked="" type="checkbox"/> Add
		<u>DELRAY BEACH, FL 33444</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>TRAVIS C. GLEASON</u>	<u>333 1/2 N.E. 2ND ST.</u>	<input checked="" type="checkbox"/> Add
		<u>DELRAY BEACH, FL 33444</u>	<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.)

Multiple horizontal lines for amending information.

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TALLAHASSEE FLORIDA

E. 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 1/6/16, _____



Signature of a member or authorized representative of a member

WILLIAM MCCAULEY

Typed or printed name of signee