## 116000042851

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
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| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Consideration As Elling Office          |
| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Divisio           | n of Corporations   |          |
|-------------------|---|----------|
| OUDIDOR           | 16 Waters Tampa, LLC  |          |
| SUBJECT:          | Name of Limited Liability Company   |          |
| The enclosed Ar   | ticles of Amendment and fee(s) are submitted for filing.  |          |
| Please return all | correspondence concerning this matter to the following:   |          |
|                   | Richmond C. Flowers   |          |
|                   | Name of Person  |          |
|                   | Adams and Reese LLP   |          |
|                   | Firm/Company  |          |
|                   | 150 2nd Avenue North, Suite 1700  |          |
|                   | Address   |          |
|                   | St. Petersburg, Florida 33701   |          |
|                   | City/State and Zip Code   |          |
|                   | rick.flowers@arlaw.com  E-mail address; (to be used for future annual report notification)  |          |
|                   |   |          |
| For further infor | mation concerning this matter, please call:   |          |
| Rick Flowers      | 727 502-8269<br>at ( )  |          |
|                   | Name of Person Area Code Daytime Telephone Number   | _        |
| Enclosed is a ch  | eck for the following amount:   |          |
| □ \$25.00 Filin   | g Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing For Certificate of Status Certified Copy Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy | Status & |

TO:

**Registration Section** 

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

| 2016 Waters Tampa, LLC  |  |                         |
|---|--|-------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida   | y Company as it now appears on our records.)<br>Limited Liability Company) |                         |
| The Articles of Organization for this Limited Liability Co<br>Florida document number $\frac{L16000042851}{L16000042851}$ | ompany were filed on March 21, 2016  | and assigned            |
| This amendment is submitted to amend the following:   |  |                         |
| A. If amending name, enter the new name of the limit  | ted liability company here:  |                         |
| 2016 Waters Tampa LLC   |  |                         |
| The new name must be distinguishable and contain the words "Limi  | ited Liability Company," the designation "LLC" or the                      | e abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |  | 6 NO TI                 |
| (Principal office address MUST BE A STREET ADDR   | ESS)   | o N                     |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                     |  |                         |
| B. If amending the registered agent and/or regist<br>registered agent and/or the new registered office addr               |  | er the name of the new  |
| 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>            | Address                     | Type of Action   |
|--------------|------------------------|-----------------------------|--|
| MGR          | P. Shields Ferber, Jr. | 14255 U.S. Highway One      | ■ Add  |
|              |                        | Suite 2150                  | ☐ Remove   |
|              |                        | Juno Beach, FL 33408        | Change   |
| MGR          | Paul S. Ferber, Sr.    | 151 Sawgrass Corners Drive  |  |
|              |                        | Suite 202                   | Remove   |
|              |                        | Ponte Vedra Beach, FL 32082 | ■ Change   |
|              |                        | <del></del>                 | □ Add  |
|              |                        |                             | ☐ Remove   |
|              |                        |                             | ☐ Change   |
|              |                        |                             | Add  |
|              |                        |                             | FRemove 155 NO PH 4: PF PH 4: PF PH 4: PF PH |
|              |                        |                             | ☐Rem <b>o</b> re   |
|              |                        |                             | □ Add  |
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|              |                        |                             | Change   |

| Effective date, if other than the date of filing:  [Optional]  If an 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 605.0  Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.  The 90th day after the record is filed. | -        |  |
|--|----------|--|
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|  |          |  |
| Dated,   | Dated    | ·  |
| Signature of a member or authorized representative of a member   |          | an com   |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00