

L16000049680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

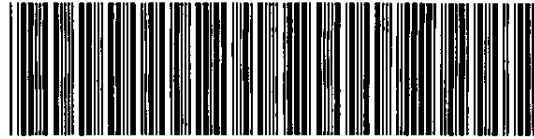
(Business Entity Name)

(Document Number)

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16 SEP 19 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2016
J. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CR315 Partners, 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:

Leed Silverfield
Name of Person

Silverfield Development Company
Firm/Company

10175 Fortune Parkway Suite 1005
Address

Jacksonville, FL 32256
City/State and Zip Code

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

For further information concerning this matter, please call:

D.R. Repass at (904) 598-5260
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

CR315 PARTNERS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/10/2016 and assigned Florida document number L16000049680.

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)

10175 Fortune Parkway
Suite 1005
Jacksonville, FL 32256

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

10175 Fortune Parkway
Suite 1005
Jacksonville, FL 32256

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: _____

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

STATE OF FLORIDA
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D

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>Norgent, Andrew</u> | <u>77 Almerin Street</u> | <input type="checkbox"/> Add |
| | | <u>St. Augustine, FL 32084</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Jesse Killebrew</u> | <u>77 Almerin Street</u> | <input type="checkbox"/> Add |
| | | <u>St. Augustine, FL 32084</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>MGR</u> | <u>Silverfield Development Company</u> | <u>10175 Fortune Parkway</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Suite 1005</u> | <input type="checkbox"/> Remove |
| | | <u>Jacksonville, FL 32256</u> | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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SECTION 16
FALL 2016
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STATE OF FLORIDA

Multiple horizontal lines for text entry.

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 September 15, 2016.

D. R. Repuss
Signature of a member or authorized representative of a member

D. R. Repuss
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED