L16000094792

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000336616460

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

TO NOV 13 AM 9: 08

EE 17 Tay

COVER LETTER

•"

Div	ision of Cor	-			
SUBJECT:	WILLIAM	SBURG DOWNS INVESTOR Name of Lim	ited Liability Company		_
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		JOHN C VICK III			
			Name of Person		
		WILLIAMSBURG DOW	NS INVESTORS, LLC		
		-	Firm/Company		_
		1009 MAITLAND CC BL	VD., STE 209		
	Address				
		MAITLAND, FL 32751			
		ADMIN@V3CAPGROUP.	City/State and Zip Code		<u> </u>
		•	to be used for future annual rep	ort notification)	_
For further in	nformation co	oncerning this matter, please ca	all:		
CAROLYN	STANLEY		407 848-1		
	Name of	f Person	at () Area Code	Daytime Telephone Nun	ıber
Enclosed is a	check for th	ne following amount:			
		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclose	Certif d) Certif	Filing Fee, icate of Status & ied Copy onal copy is enclosed)
	MAILI	ING ADDRESS:	STREET/C	OURIER ADDRESS	:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assistant

WILLIAMSBURG DOWNS INVESTORS, 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 L Florida document number <u>L16000094792</u>	iability Company	were filed on 5/13/2016	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	1009 MAITLAND CC F	BLVD.
(Principal office address MUST BE A STREET ADDRESS)		STE 209	
		MAITLAND, FL 32751	
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>)		1009 MAITLAND CC E STE 209	BLVD.
		MAITLAND, FL 32751	
B. If amending the registered agent and registered agent and/or the new registered o	ffice address her		ecords, enter the name of the nev
New Registered Office Address:	10 0 9 MAITLA	ND CC BLVD., STE 209	
res registered extract radiess.		Enter Florida street	address
	MAITLAND		_, Florida 32751
		City	Zip Code
New Registered Agent's Signature if changing	Registered Agent:		

yew Registered Agent's Signature, it 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

Page 1 of 3

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	WD EQX RETAIL, LLC	1009 MAITLAND CC BLVD.	
		STE 209	
			Remove
		MAITLAND, FL 32751	
MGR	EQX RETAIL FUND II, LLC	1009 MAITLAND CC BLVD.	
		STE 209	
			☐ Remove
		MAITLAND, FL 32751	■ Change
			Add
			Remove
			Change
			Add
			Remove
			_□ Change
			☐ Remove
			Change
			□ Add
			Remove
			□ Change

		-
		<u> </u>
etive date, if other than the deffective date is listed, the date must be a lift the date inserted in this blockment's effective date on the Dep	ate of filing: 10 14 19 be specific and cannot be prior to date of filing or more than k does not meet the applicable statutory filing require artment of State's records.	(optional) 90 days after filing.) Pursuant to 605.01 rements, this date will not be listed
ecord specifies a delayed e 90th day after the reco	effective date, but not an effective time, and is filed.	at 12:01 a.m. on the earlier
	2019	
NOVEMBER 5		
d NOVEMBER 5		
	gnature of a member or authorized representative of a me	mber

Page 3 of 3

Filing Fee: \$25.00