L1600096559

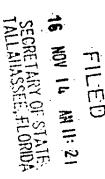
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800292294188

11/14/16--01052--009 **60.00



D. SCOTT NOV 1 6 2016

COVER LETTER

Division of Cor	porations			
	ARK MCGEACHY LLC			
SUBJECT:	Name of Limi	ited Liability Company		
	,	, , ,		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	COLLIS P MCGEACHY I	Ш		
		Name of Person		
Pirm/Company				
Address				
	ATLANTIC BEACH, FL			70 7
	Collis.McGeach@cbre.com	City/State and Zip Code		ECRE NO F
		to be used for future annual report notifica	tion)	
For further information c	oncerning this matter, please ca	all:		FILED WILL M MASSEE, F
Collis P McGeachy		904 630-6356 at (ED. ED. STATE
Name o	f Person		elephone Number	DA 21
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
		•		

MAILING ADDRESS:

TO:

Registration Section

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

COLLIS PARK MCGEACHY LLC		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	lity Company were filed on OCTOBER 25, 2016 and assigned	ed
Florida document number L16000196559	·	
This amendment is submitted to amend the follow	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
COLLIS PARK MCGEACHY III, LLC		
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C.	••
Enter new principal offices address, if applicab	թ.	
• • •		
<u>(Principal office address MUST BE A STREET /</u>	1DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE <u>A</u> POST OFFICE BO	2X)	
R If amending the registered agent and/or	registered office address on our records, enter the name of	the nev
registered agent and/or the new registered offic		
	AR 8	ήn
Name of New Devictored Avents		
Name of New Registered Agent:	<u> </u>	177
New Registered Office Address:	111(2)	
	Enter Florida street address	•'
	. Florida	
	Cinc Tin Coda	

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 = Ma AMBR = Au	nnager nthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
		- NATA BANK BANK	☐ Remove
			Change
			Add
			☐ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
	•		
		7 7 7 8 6 7 8 7 7 8 7 8 7 8 7 8 7 8 7 8	Remove SECOND CLASS
		- Committee of the state of the	
	,		THE STATE OF THE S
			DA C
			Add [4

					
				-	
			· · · · · · · · · · · · · · · · · · ·		
					-
				PIR ST. I	
		······································			
					一一一一
	× 1100				
					AND NO.
					SSA
4944					THE STATE OF THE S
Effective date, if other than	the date of fili	01/01/2017 ing:		(optio	nal) SE =
If ective date, if other than fan effective date is listed, the date Note: If the date inserted in this	must be specific a	ind cannot be prior to	o date of filing or mo	ore than 90 days after t	iling.) Pursudiivio 6050
document's effective date on the	e Department o	f State's records.	one states of y mine	, requirements, tins	date will not be listed
e record specifies a dela The 90th day after the	yed effective record is file	e date, but not d.	an effective ti	me, at 12:01 a.	m. on the earlier
Dated November 8		2016			
	11/1/				
		3/1			
all t	Signature of	a member or author	ized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00