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SECRETARY OF STATE
TAIL CARESSEE OF STATE

APPROVEO AND FILFO

T.G. Rahdlice

COVER LETTER

Div	ision of Corp	porations					
		dilly Outparcel, LLC					
SUBJECT:		Name of Limi	ited Liability Company				
The enclosed	l Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspor	ndence concerning this matter	to the following:				
		Erika Wilson					
			Name of Person				
		Gator Investments					
			Firm/Company				
		7850 NW 146th Street, 4th	Floor			2019 MAR - 6 PM 2: 42 SECRET SERVER STATES	P.
			Address			三洲第	TAR
		Miami Lakes, FL 33016				-6 T	LE SOVE
		ewilson@gatorinv.com	City/State and Zip Co	de		河南 32 22 22 22 22	
		E-mail address: (to be used for future annu	ral report notification)	書き	>
For further is	nformation co	oncerning this matter, please ca	all:				
Erika Wilso	n		305 at ()	949-9049, #118			
·	Name of	Person	Area Code	Daytime Telep	hone Number		
Enclosed is	a check for th	e following amount:					
■ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fe Certified Copy (additional copy is		Certified (e of Status &	
		ING ADDRESS:	STRE	ET/COURIER A	DDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

Gator Piccadilly Outparcel, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on January 3, 2017	and assigned
Florida document number L17000001794		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		19 P
(Principal office address MUST BE A STREET ADDRESS)		FLEDON
		7 P
Enter new mailing address, if applicable:		1 S 5 5
(Mailing address MAY BE A POST OFFICE BOX)	 	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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, <u>enter the title, name, and address of each person</u> <u>being added or removed from, our records</u>:

MGR = Manager

AMBR = .	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		 	Remove
			Change
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"Article VI. The term of the I	mited liability company shall be perpetual.	1
		
		
		
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ive date, if other than the fective date is listed, the date must. If the date inserted in this blonent's effective date on the De	be specific and cannot be prior to date of filing or ck does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to 605.0 ing requirements, this date will not be listed
cord specifies a delayed 90th day after the reco	effective date, but not an effective rd is filed.	e time, at 12:01 a.m. on the earlie
2/19	. 2019	
9/		

Page 3 of 3

Filing Fee: \$25.00