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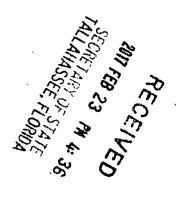
(Requestors	Name)
(Address)	
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(City/State/2	(ip/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(Document	Number)
Certified Copies Ce	ertificates of Status
Special Instructions to Filing Of	ficer:

Office Use Only



400295903424





C. GOLDEN FEB 2 4 2017

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 521349 4338256

AUTHORIZATION

COST LIMIT : (\$\\185.00

ORDER DATE: February 23, 2017

ORDER TIME : 3:23 PM

ORDER NO. : 521349-025

CUSTOMER NO: 4338256

DOMESTIC AMENDMENT FILING

NAME: EQUITY ONE (FLORIDA PORTFOLIO)

INC.

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

___ PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER'S INITIALS:

COVER LETTER

	gistration S vision of Co	ection orporations					
SUBJECT	Equity On	e (Florida Portfolio) LLC					
50202.	· ·	(Name of Res	ulting Florida Limite	d Com	apany)	_	
The enclos Business E	ed Articles Entity" into	of Conversion, Articl a "Florida Limited Li	es of Organization ability Company'	n, and ' in ac	d fees are submitted to ecordance with s. 605.1	convert an " 045, F.S.	Other
Please retu	rn all corre	espondence concerning	g this matter to:				
Laura-Jayno	Urso						
		(Contact Person)					
Kirkland &	Ellis LLP						
***		(Firm/Company)					
601 Lexingt	on Avenue						
		(Address)					
New York,	VY 10022						
	((City, State and Zip Code)					
	,	e used for future annual re	tter, please call:)			
(N	ame of Conta	ct Person)	(Area Code)	(Day	vtime Telephone Number)	_	
		or the following amou a bank located in the		rocess	sed by this office must	be payable i	n US
\$150.00 (\$25 for Cor & \$125 for of Organiza	version Articles	\$155.00 Filing Fees and Certificate of Status	S180.00 Filing and Certified Cop		\$185.00 Filing Fees, Certified Copy, and Certificate of Status		
Registration of Clifton Budget 2661 Execution Registration and Clifton Budget Registration Regis	ADDRES on Section of Corporat ailding cutive Cent ee, FL 323	ions er Circle	Registr Divisio P. O. B	ation n of C ox 63	ADDRESS: Section Corporations 27 FL 32314		280FEB 23 F

INHS11 (08/16)

2811 FED 23 (21) 12: 03

Articles of Conversion For "Other Business Entity" Into

Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

(E	Inter Name of Other Business Entity) P99 0000 48455
2. The "Other Business Entity" is	corporation s a
·	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorp	orated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country)
5/25/1999	(Enter state, or if a non-U.S. entity, the name of the country)
on (date of organization, formation or i	ncorporation)
3. The name of the Florida Limit Equity One (Florida Portfolio) LLC	ed Liability Company as set forth in the attached Articles of Organization:
(Enter Nan	ne of Florida Limited Liability Company)
4. If not effective on the date of f	Tiling, enter the effective date:
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Artic	be prior to date of receipt or filed date nor more than 90 days after the ne Florida Department of State; <u>AND</u> 2) must be the same as the effective les of Organization, if an effective date is listed therein.) loes not meet the applicable statutory filing requirements, this date will not be listed as the
Note: If the date inserted in this block of document's effective date on the Depart	
document's effective date on the Depart	

which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

navd	17			
Signed this 23 rd day of February	20			
Signature of Authorized Representative of Limit	ted Liability Company:			
Signature of Authorized Representative:	60.			
Printed Name: Aaron Kitlowski	Title: VP and Secretary			
Timed Name.	1150.			
Signature(s) on behalf of Other Business Entity:				
5: (h. 1/2).				
Signature: Jew 1602. Printed Name: Aaron Kitlowski	Title: VP and Secretary			
Tritod Parito,	7.11.0.			
Signature:Printed Name:				
Printed Name:	Title:			
Signature:				
Signature:Printed Name:	Title:			
Signature:Printed Name:	T'A.			
Printed Name:	Title:			
Signature:Printed Name:				
Printed Name:	_ Title:			
Signature:				
Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or	Officer			
If Directors or Officers have not been selected, an Inc				
,,				
If Florida General Partnership or Limited Liabili	ty Partnership:			
Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit	ty Limited Partnership:			
Signatures of ALL General Partners.				
All others:		到。	[22]	
Signature of an authorized person.			~	
				•••
Fces:		•	0.0	940 a
Articles of Conversion:	\$25.00	•	ري 	
Fees for Florida Articles of Organization:	\$125.00 \$125.00	•	= :	
Certified Copy:	\$30.00 (Optional)		छ	
Certificate of Status:	\$5.00 (Optional)	•	2	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2017 FEB 23 TH 12: 04

_ Asst. Vice President

ARTICLE I - Name:				Control of the
he name of the Limited Lial	bility Company is:			
Equity One (Flor	ida Portfolio) LLC			
	ontain the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.	.")
ARTICLE II - Address: The mailing address and stre	et address of the principal of	office of the L	mited Liability Company	is:
<u>Prin</u>	cipal Office Address:		Mailing	Address:
1600 N.E. Miami Gardens Drive			1600 N.E. Miami Gard	
North Miami Bea	ich, FL 33179		North Miami Beach, Fl	_ 33179
The name and the Florida str	eet address of the registere Corporation Service			
		Name		
	1201 Hays Street			<u></u>
	Florida street addre	ss (P.O. Box <u>N</u>	IOT acceptable)	
	Tallahassee	FL	32301	
	City	State	Zip	
aving been named as register lace designated in this certific rther agree to comply with th m familiar with and accept th	cate, I hereby accept the appetence of the provisions of all statutes t	pointment as re relating to the	egistered agent and agree proper and complete perfo	to act in this capacity. I ormance of my duties, and I Phapter 605, F.S
	Corneration Sam	nea Compa	337 i	Courteav Millian

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Pritate -	Name and Address			
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:			
Equity One, IncAMB	1600 N.E. Miami Gardens Drive			
	North Miami Beach, FL 33179			
(Use attachment if necessary)				
(If an effective date is listed, the date must be speci- the date of filing.)	filing: Upon Filing (OPTIONAL) fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be listed as State's records.			
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE	/20			
, y	OL:			
Signature of a member This document is executed I am aware that any false in	ber or an authorized representative of a member. in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.			

Page 2 of 2

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)