

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

(850)617-6383

From:

Account Name : EQUITY ONE, INC.

Account Number : I20030000110 (305) 947-1664

Phone

Fax Number

904-354-1937

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EQUITY ONE CAPITAL MANAGEMENT LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Electronic Filing Menu

Corporate Filing Menu

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MAY - 4 2017

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EQUITY ONE CAPITAL MANAGEMENT LLC

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The Articles of Organization for this Limited I Florida document number L17000041982	iability Company	were filed on Pebro	uary 23, 2017	and assigned	
This amendment is submitted to amend the fol	amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: Lew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.C." The new principal offices address, if applicable: One Independent Drive, Suite 114 Jacksonville, FL 32202				
A. If amending name, enter the new name o	of the limited liab	llity company here	;		
The new name must be distinguishable and contain the	words "Limited Liabil	ilty Company," the desi	gnation "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if appli	One Independent Drive, Suite 114				
• • •		Jacksonville, PL 3	2202		
B. If amending the registered agent and	making address, it applicable; (dress MAY BE A POST OFFICE BOX) ending the registered agent and/or registered office		Jacksonville, FL 32202 Mice address on our records, enter the name of the		
1 CEBSCI CO RESIL MINOR THE HEN TERRITOR O		* •			
Name of New Registered Agent:	F&L Corp				
New Registered Office Address:	One Independe	nt Drive, Suite 1300 <i>Enter Florid</i> e	street address		
	Jacksonville		, Florida _32:	202	
		City		Zip Code	

Now 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.

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No. 0004 P. 3/4

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
AMBR	Equity One, Inc.	1600 NE Miami Gardens Drive	
		North Miami Beach, FL 33179	■ Remove
	·		Change
MGR	Regency Centers, L.P.	One Independent Drive, Suite 114	
		Jacksonville, FE 32202	☐ Remove
			☐ Change
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amending any other	information, er	nter change(s) her	e: (Attach additione	al sheets, if nec	essary.)	
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May /md			<u> </u>			
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ted May 2nd Sau Barbara C. Jol	-0	,	•	a member		_
Fail	-0	,	orized representative of signee	a member		-

Filing Fee: \$25.00

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