Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : EQUITY ONE, INC.

Account Number: 120030000110

Phone Fax Number (305)947 - 1664

904-354-1832

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **EQUITY ONE (WEST COAST PORTFOLIO) LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

MAY - 4 2017

5/3/2017

May. 3. 2017 - 1:57PM (((H17000121559 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 0010	E ^P /LED
TA :	.c
LAHAS	RY OF STATE SEE, FLORIDA

EQUITY ONE (WEST COAST P	•	###	
Name of the Lim	(A Florida Limited	iny as it now appo Liability Company	ers on our records,)
The Articles of Organization for this Limited I. Florida document number L17000041995	iability Company	were filed on _	Pebruary 23, 2017 and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	f the limited liab	ility company	<u>hore</u> :
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	One Independ	ent Drive, Suite 114
(Principal office address MUST BE A STREE		Jacksonville,	FL 32202
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)	One Independ	ient Drive, Suite 114 FL 32202
B. If amending the registered agent and registered agent and/or the new registered of			on our records, enter the name of the new
Name of New Registered Agent:	F&L Corp		
New Registered Office Address:	One Independe	ent Drive, Suite 1	300
		Enter F	orida sir ee t address
	Jacksonville		, Florida 32202
		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.

Charles V. Stelle 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>	Name	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	= Add	
		Jacksonville, FL 32202	□ Remove
			Change
			D Add
,		· · · · · · · · · · · · · · · · · · ·	Remove
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		<u> </u>	
	•		Remove
			Change

1.May. 3.2017 _{1), 1:57PM} D. If amending any other information, enter change(s) here: (A	ttach additional chaosa if no	No. 0010 P. 4
2	шиск шишопи sneets, у пе	cessary.)
		
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E. Effective date, if other than the date of filing:	(opt	ional)
(If an effective date is listed, the date must be specific and cannot be prior to date Note: If the date inserted in this block does not meet the applicable st	tatutory filing requirements, th	is date will not be listed a
document's effective date on the Department of State's records.		
If the record specifies a delayed effective date, but not an	effective time, at 12:01	a.m. on the earlier of
(b) The 90th day after the record is filed.		
Dated May 2nd , 2017		
- A		
Signature of a member or authorized	representative of a mount	
Signature of a member or authorized	rebresemente er a member	
Barbara C. Johnston		

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Filing Fee: \$25.00