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(Requ	uestor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
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2018 DEC -3 AM 7: 35

C. GOLDEN
DEC - 6 2018

COVER LETTER

	Registration Sec Division of Corp						
en nuez		RD SHOPPES II LLC					
SUBJECT: Name of Limited Liability Company							
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for tiling.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		FREDERICK GRACE					
		GRACE DEVELOPMENT	Name of Person				
		3309 FAIRMONT DRIVE	Firm/Company				
		NASHVILLE TN 37203	Address				
		RSFIELD@GMAIL.COM	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	ication)			
For furth	er information co	oncerning this matter, please ca	all:				
FREDER	RICK GRACE		615 385-5433				
	Name of	Person	Area Code Daytime	· Telephone Number			
Enclosed	is a check for th	e following amount:					
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

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

FILED

2018 DEC -3 AM 7:35

BOULEVARD SHOPPES II LLC	' C
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	ASSEE, FL
The Articles of Organization for this Limited Liability Company were filed on MARCH 8, 2017 Florida document number L17000054274	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
SUTTON PLACE INVESTORS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrevia	tion "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the registered agent and/or the new registered office address here: Name of New Registered Agent:	name of the new
New Registered Office Address: Enter Florida street address	

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.

Civ

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 = Manager AMBR = Authorized Member Title Type of Action Name Address __ 🗆 Add _□ Change _□ Add □ Remove ___ Change ☐ Remove _ Change □ Add □ Remove _□ Change □ Add _□ Remove □ Change _ 🗆 Add

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Note:	If the date inserted in ent's effective date on	this block does	not meet the ap	plicable statutory	filing requiremen	ts, this date will not	be listed as
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	90th day after th			not an enecti	ve time, at 12	.or a.m. on the	earner or
Dated	NOVEMBER 29	_	2018				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00