# L17000102145

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K. SALY MAY 16 2018

## CORPORATE

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

### **WALK IN**

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	хx	FILING	AMEN	NDMENT	 	
1.		ENCLAVE PHASE 2 INVE	ESTMEN ENT #)	NT, LLC	 	
2.		(CORPORATE NAME AND DOCUME	ENT #)		 ——————————————————————————————————————	
3.		(CORPORATE NAME AND DOCUME	ENT #)			_
4.		(CORPORATE NAME AND DOCUME	ENT #)			
5.		(CORPORATE NAME AND DOCUME	ENT #)		 	_
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	ECIA STRU	L JCTIONS:	——————————————————————————————————————			

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIL 18 MAY	ED
SECRETARY O	AM 8: 02
SECRETARY O	FSTATE - FLORIDA

E	nclave Phase 2 Investment, LLC		TALLAHASS OF STATE
(Name of the Limited I	lability Company as it now appears ( lorida Limited Liability Company)	on our records.)	TALLAHASSEF, FLORIDA
The Articles of Organization for this Limited Liabi Florida document number	lity Company were filed on	5/08/2017	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e <u>limited liability company her</u> e	<u>2</u> :	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable  (Principal office address MUST BE A STREET A	e:		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>x)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, e	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	a street address	
-	City:	, Floric	laZip Code
	$\sim m$		any cross

#### 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, 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
MGR	William A. Stanly, III	3966 Ortega Boulevard	
		Jacksonville, Florida 32210	Remove
			☐ Change
MGR	WH Morris, Inc.	4339 Roosevelt Blvd. Suite 400	
		Jacksonville, Florida 32210	Remove
			☐ Change
			□ Add
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fan effective date Note: If the dat	if other than to is listed, the date to inserted in this ctive date on the	must be specific s block does n	and cannot lot meet the	e prior to date o applicable sta	of filing or more tutory filing re	than 90 days at	i <b>tional)</b> for filing.) Pur his date will	suant to 605.0207 not be listed as
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Filing Fee: \$25.00