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COVER LETTER .

Division of Corporations	1					
suвјест: <u>Antiqua</u>	Rame of Limi	CLO PINCHT, LLC				
The enclosed Articles of Amendme	ent and fee(s) are subr	nitted for filing.				
Please return all correspondence co	oncerning this matter t	to the following:				
		Name of Person CITY MUNACIONAL Firm/Company	15 LLC			
<u>(313</u>	39 Sprin	nabank Lane,	Suite 200			
		City/State and Zip Code				
Abushonu (a) wfland fund. Com E-mail address: (to be used for future annual report notification)						
For further information concerning	this matter, please ca	all:				
Dana Busha Name of Person	ong	at (<u>704)</u> 29 Area Code Dayti	5 - 4 6 2 6 me Telephone Number			
Enclosed is a check for the followi	ng amount:					
	.00 Filing Fee & ertificate 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)			

TO:

Registration Section

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

Antiqua Bay De		ment		<u> </u>		
(Name of the Limited Liabit (A Florid	lity Company da Limited Lia	as it now app pility Company	<u>ears on our rec</u> y)	cords.)		
The Articles of Organi zation for this Limited Liability C Florida document number <u>L17()001458</u>		ere filed ons	July 7	,2017	and ass	signed
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lim	nited liabilit	y company	here:			
The new name must be distinguishable and contain the words "Lin	mited Liability	Company," th	e designation "	LLC" or the at	obreviation "L	.L.C."
Enter new principal offices address, if applicable:	_					
(Principal office address MUST BE A STREET ADD)	RESS)					
	-					
Enter new mailing address, if applicable:	-	. <u>-</u> -				
(Mailing address MAY BE A POST OFFICE BOX)						
	-					
B. If amending the registered agent and/or regi		e address	on our reco	ords, <u>enter</u>	the name	of the new
registered agent and/or the new registered office add	<u>dress here</u> :					
Name of New Registered Agent:						
-						· · · · · · · · · · · · · · · · · · ·
New Registered Office Address: Enter Florida street address						
				Florida		
		City			Zip Code	
New Registered Agent's Signature, if changing Registere	ed Agent:					
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and of accept the obligations of my position as registered a being filed to merely reflect a change in the register	complete pe agent as pro red office ac	erformance ovided for it	of my duties n Chapter 60	, and I am 95, F.S. Or,	familiar wil if this docu	th and ument is
company has been notified in writing of this change	<i>?</i> .					• 7
						<u>m</u>
	If Changi	ng Registered	Agent, Signat	ure of New Re	egisfered Age	<u> </u>

Page 1 of 3

MGR = Manager AMBR = Authorized Member **Title** Name **Type of Action** 3129 Springbank Lane, Suite 200 Water from Land Fund Advisors, LLC Charlotte the assaul □ Remove MGR Sunbelt Lard Management, LLC 3129 Springbank Lane, Suite 200 Charlotte, NC 282600000 ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ■ Remove _□ Change □ Add ■ Remove OTO Komove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

or removed from our records:

D. If amending a	nny other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
	·	
(If an effective date Note: If the date	te is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuan 605.0207 are inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sective date on the Department of State's records.	7 (3)(b) the
If the record spe (b) The 90th d	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of lay after the record is filed.	f:·
Dated	11/6, 17	
	Will selle	
— h. (i	Signature of a member or authorized representative of a member, illicim G. Allen, Nemager of Sunteri Land Management. Li	LC cond
Ma	nacing Pariner of Water front Land Fund Manage	ennani, L
wh	inaging Partner of Water front Land Fund Manage Typed or printed name of signee ich is the Manager of Water front Land Fund Advisor	rs, LLC
which	ch was originally the manager of Antiqua Bay	
Dev	ch was originally the manager of Antiqua Bay velopment, LLC Filing Fee: \$25.00	