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To:

Division of Corporations

Email Address:___

Fax Number : (850)617-6383

From:

Account Name : TAVISTOCK DEVELOPMENT

Account Number : I20170000084 Phone : (407)909-9957 Fax Number : (407)909-9957

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TDCP VILLAGE CENTER I. LLC

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TO:	Registration Section Division of Corpor	
SUBJE	TDCP Village CT:	Cent
The enc	losed Articles of Am	endi
Please i	cturn all corresponde	nce (
		Mic

COVER LETTER



Divising	i por anons		
TDCP Vit	lage Center 1, LLC		
SUBJECT:	Name of Lin	ited Liability Company	

the enclosed Arneles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Michelle Dadisman		
		Name of Person	
	Tayistock Financial, LLC		
		Firm Company	
	9350 Conroy Windermere	Road	
	***************************************	Address	
	Windermere, FL 3476		
		City State and Zip Code	V
	michelle.dadisman@tavisto		
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all;	
Michelle Dadisman		407 909-9957	
Name (of Person	at () Area Code Daytim	e Lelephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 4079099984 Tavistock

08:41:18 a.m. 12-12-2019

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December 11, 2019

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TDCP VILLAGE CENTER I, LLC 6900 TAVISTOCK LAKES BOULEVARD, STE 200 ORLANDO, FL 32827

SUBJECT: TDCP VILLAGE CENTER I, LLC

REF: L18000252246

We have received your document for TDCP VILLAGE CENTER I, LLC. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The information on page one and the last page of the amendment is to light. Please print the information darker.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II FAX Aud. #: H19000355890 Letter Number: 419A00025178

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION . OF

FILED

TDCP Village Center I, LLC			
(Name of the Limited Liabili (A Florida	lity Company as it	now appears on our records Company)	
			SECRETARY IN STAIL
The Articles of Organization for this Limited Liability C	Company were t	iled on October 29, 2018	SECRETARY OF STATE JALLAHASSEE, FLORID and assigned
Florida document number 1.18000252246			
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the lim	nited liability co	mpany here:	
Lake Nona Station, LLC			
The new name must be distinguishable and contain the words "I un	mited Liability Con	pany," the designation "LLC"	for the abbreviation "LTC"
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	RESS)		
(I) meight office			
Enter new mailing address, if applicable:			
(Mailing address MAY RE A POST OFFICE BOX)		**************************************	
n en	·	A A	control the pages of the page
B. If amending the registered agent and/or registered agent and/or the new registered office add		oniess on one records	. enter the name of the new
Name of New Registered Agent.			
Name of wew Registered Agent.			
New Registered Office Address:			
		Enter Florida street address	:
		, Flo	orida
	Ci	ý.	Zip Cade
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 c accept the obligations of my position as registered a being filed to merely reflect a change in the registere company has been notified in writing of this change.	complete perfor agent as provid red office addre	mance of my duties, an ed for in Chapter 605, i	nd I am familiar with and FS Or, if this document is
	If Changing R	egistered Agent, Signature o	of New Registered Agent

12-12-2019

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	
			Add	
			C) Remove	
			☐ Change	
			D Add	
			□ Remove	
			☐ Change	
			bbA O	
			☐ Remove	
			□ Change	
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			Remove	
			☐ Change	
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		☐ Reinove		
			Change	
			□ Add	
			□ Remove	
			□ Change	

Dated Dellaw Dec 10 2019

Signature of a member of authorized representative of a member

Nicholas F. Beucher, III. Vice President MR

Typed or printed name of signed

Page 3 of 3

Filing Fee: \$25.00