

H1900028672
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000286702 3)))



H190002867023ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : STILES CORPORATION
Account Number : 120020000020
Phone : (954) 627-9156
Fax Number : (954) 627-9037

2019 SEP 25 PM 4:42

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

Email Address: Lynda.Watkins@stiles.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WCC JAX PARTNERS, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

RECEIVED
2019 SEP 25 PM 12:27

Electronic Filing Menu

Corporate Filing Menu

Help SEP 26 2019

H190002867023

H190002867023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WCC JAX PARTNERS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lynda Watkins

Name of Person

Stiles Corporation

Firm/Company

301 E Las Olas Blvd.

Address

Ft. Lauderdale, FL 33301

City/State and Zip Code

Lynda.Watkins@Stiles.com

E-mail address: (to be used for future annual report notification)

2019 SEP 25 PM 4:42

For further information concerning this matter, please call:

Lynda Watkins

at (954)

627-9350

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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

H190002867023

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WCC JAX PARTNERS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/16/2019 and assigned
Florida document number L19000018672

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|--------------------------|--|
| MGR | SREP V, LLC | 301 E Las Olas Blvd | <input type="checkbox"/> Add |
| | | Ft. Lauderdale, FL 33301 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | SREP VII, LLC | 301 E Las Olas Blvd | <input checked="" type="checkbox"/> Add |
| | | Ft. Lauderdale, FL 33301 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

FILED
2019 SEP 25 PM 4:42
CLERK OF COURT
JANET L. HARRIS

H190002867023

409 SEP 25 5 11 A: 42

4015 SEP 25 PM 4:42

1998

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated September 25 2019

Signature of a member or authorized representative of a member

David Chanon,

Typed or printed name of signee

H190002867023