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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242

Phone : (215) 563-8113

Fax Number : (215)977-9386

**Enter the email address for this business entity to be used for future

annual report mailings. Enter only one email address please.** Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THE VILLAGE AT SOUTHERN OAKS PARTNERS, LLC

Certificate of Status	0
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C. LEWIS

FEB 2 4 2012

EXAMINER

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FIED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2012 FEB 23 M 8: 45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE VILLAGE AT SOUTHERN OAKS 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 o	n August 18, 2003	_and assigned		
Florida document numberL	0300031091				
This amendment is submitted to ame	and the following:				
A. If amending name, enter the ne	w name of the limited liability compa	ıy <u>here</u> :			
The new name must be distinguishable "L.L.C."	and end with the words "Limited Liability	Company," the designation "LLC	?" or the abbreviation		
Enter new principal offices address	s, if applicable:				
(Principal office address MUST BE	A STREET ADDRESS)				
	*·····				
Enter new mailing address, if appli	oahla.				
Mailing address MAY BE A POST					
B. If amending the registered agreeding the new reg	zent and/or registered office address istered office address here:	on our records, enter the	Dame of the Resy		
Name of New Registered As	cent:				
New Registered Office Add	ress:	<u> </u>			
		Enter Florida street address			
,	City	, Florida	Zip Code		
	·		AP VICE		

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 608, 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

Page 1 of 2

e . - al

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action	
		Add [] Remove		
			Add	
	,		[.] Add	
			Add Rem	
			Add Remove	
	· · · · · · · · · · · · · · · · · · ·		Add Remo	ove
. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, (f necessary.)	-	
		amended to add the following sentence:		
<u>Pr</u>	ovided, that any obligation of the C	company to provide indemnification shall b	e ≧≅	2017
lim	nited to (i) coverage afforded under	any liability insurance carried by the	AH	2012 FEB
Co	ompany and (ii) available "surplus o	ash" of the Company as defined in the	TARY ASSE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
<u></u>	JD Regulatory Agreement,		in 🕮	
	February 10 , 20	12 .	SIAIE FLORIDA	S4 :0
	Signature of a member	or authorized representative of a member		
	i.	łeidi J. Marling		

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Filing Fee: \$25.00