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EXAMINER



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08/07/09--01018--021 **600.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	MM VILLAGE CA	ARVER PHASE III, I	LLC
	Name of Limi	ted Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Lyr	nn C. Washington, Esq.	<u> </u>
		Name of Person	
	Wash	ington & Associates, P	.A.
		Firm/Company	
	4 Midtown, 3	301 NE 1st Avenue, Su	uite M-501
		Address	
	!	Miami, Florida 33137	
		City/State and Zip Code	
	lwas E-mail address: ()	hington@walaw.us.con o be used for future annual report	notification)
For further information	concerning this matter, please c	·	,
, , , , , , , , , , , , , , , , , , , ,	oonooning till manor, prouse e		
	. Washington Esq.	at (305)	573-2929 aytime Telephone Number
Name	of Person	Area Code & Da	aytime releptione Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	_	Cass on Filing Foo Pr	Company For
\$23.00 Fitting Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	LING ADDRESS:	STREET/CO	OURIER ADDRESS:
Regist	tration Section	Registration S	ection
Division of Corporations P.O. Box 6327		Division of Co Clifton Buildi	ng
Tallah	assee, FL 32314	2661 Executiv Tallahassee, F	ve Center Circle L 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MM V (<u>Name of the Limited</u> (A	illage Carve Liability Compa Florida Limited L	er Phase III, L ny as it now appears liability Company)	Cs on our records.)		
The Articles of Organization for this Limited Li Florida document numberL06000072		were filed on	July 20, 2006	_ and ass	signed
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here	;		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limi	ted Liability Compar	ny," the designation "LL	C" or the	abbreviation
Enter new principal offices address, if applica	able:	150 SE 2nd A	venue, Suite 1302		9
(Principal office address MUST BE A STREE	TADDRESS)	Miami, Florida	33131	60	SE
					C 15
				1	المنت أنتا
Enter new mailing address, if applicable:		150 SE 2nd A	venue, Suite 1302	THE	**************************************
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida		<u>=</u>	
Manning man ess mill Barri out of or i item	30717			~~~	
					1
B. If amending the registered agent and/or the new registered of			ur records, <u>enter the</u>	name (of the new
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:	4 Midtown,		enue, Suite M-501		
		Enter Florida street address			_
		Miami	, Florida	3313	
		City		Zip Cod	2

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 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:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>		Address	Type of Action		
MGR	Biscay	ne Housing Group IIc	150 SE 2nd Avenue, Suite 1302 Miami, Florida 33131	✓ Add Remove		
MGR	TCG C	ARVER III, LLC	2950 SW 27TH AVE SUITE 200 Miami Florida 33133	Add Remove		
MGR	BISCA	YNE HOUSING <u>G</u> lou ρ,ω	€ 150 SE 2nd Avenue, Suite 1202 Miami, Florida 33131	Add _☑ Remove		
				Add Remove		
	_			Add Remove 		
				Add Remove		
D. If a	mending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)			
				_		
		,		<u>-</u>		
Dated _	August	<u>6</u> , 200'	<u>q</u>	_		
Signature of a member or authorized representative of a member						
		LYNN C	WASHINGTON			
		Typed or	printed name of signee			

Page 2 of 2

Filing Fee: \$25.00