## L07000122548

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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**:

TO:	Registration Section Division of Corporations	
SUBJE	CT: DEL BOCA VISTA PHASE III, LLC (Name of Limited Liability Company)	
The enc	losed Articles of Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspondence concerning this matter to the following:	
	ANDREW SAGARTZ, ESQ.	
	(Name of Person)	·
	CALMEC GLOBAL LAW GROUP	,
	(Firm/Company)	
	1880 W. WINCHESTER RD., STE 206	
	(Address)	. '
	LIBERTYVILLE, IL 60048	•
	(City/State and Zip Code)	
For furth	ner information concerning this matter, please call:	
ANDR	EW SAGARTZ, ESQ. at ( 847 ) 996-0888	
	(Name of Person) (Area Code & Daytime Telephone Number	)
Enclosed	is a check for the following amount:	
<b>√</b> ]\$25.0	(additional copy is enclosed) Certified	e of Status &
Len.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301  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

SECRETARY OF STATE DIVISION OF CORPORATIONS

DEL BOCA VISTA PHASE III, LLC

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

(A Florida Limited Liability Company)

(A)	riorida Elimited Elability Company)	J		
The Articles of Organization for this Limited Lia	bility Company were filed on 12/10/2007	and assigned		
Florida document number <u>L07000122548</u>	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liability company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	nation "LLC" or the abbreviation		
B. If amending the registered agent and/or registered agent and/or the new registered offi		enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	<u> </u>			
	(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 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)

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 = M	Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type	of Action
MGRM	TIM MARCUM	503 DARBY CREEK ROAD LEXINGTON, KY 40509		Add Remove
				Add Remove
<del></del>	· · · · · · · · · · · · · · · · · · ·			Add Remove
				Add Remove
	·		 	Add Remove
·····				Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	_ _ ·o	, D.
			07 DEC 21	SECRETARY DIVISION OF C
_			- HA	COFSTATE ORPORATION
Dated <u>DEC</u>	EMBER 13 , 2007	-		र्क
	ANDREW SAGARTZ, ESQ.	r or authorized representative of a member or printed name of signee		
	i ypeu	or printed name or signee		

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Filing Fee: \$25.00