

L09000118583

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B. KOHR

JAN 18 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PHF Tuscan Isle, 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:

SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
10 DEC 30 PM 12:17

Jean Davis
Name of Person

Creative Choice Homes, Inc.
Firm/Company

8895 North Military Trail, Suite 101B
Address

Palm Beach Gardens, FL 33410
City/State and Zip Code

jean@creativechoice.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Khushboo Barot at (561) 6277988 ext243
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

FILED - STATE
DIVISION OF CORPORATIONS
10 DEC 30 PM 12:17

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

PHF Tuscan Isle, 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 12/14/2009 and assigned
Florida document number L09000118583.

This amendment is submitted to amend the following:

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

Tuscan Isle, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: 8895 North Military Trail, Suite 101B
Palm Beach Gardens, FL 33410
(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:

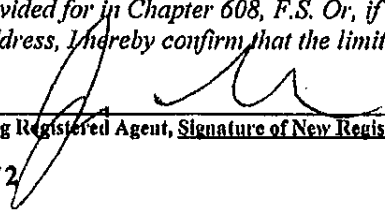
Name of New Registered Agent: James F. Caplan

New Registered Office Address: 5910 North Ocean Blvd
Enter Florida street address

Ocean Ridge, Florida 33435
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
Page 1 of 2

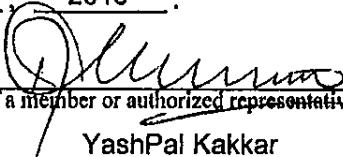
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------------------|-----------------------------------------------------------------------|----------------------------------------------------------------------------|
| MGR | Progression Housing Foundation Inc. | 2200 NW Corporate Blvd Suite 302 Boca Raton, FL 33431 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGR | YashPal Kakkar | 8895 North Military Trail, Suite 101B Palm Beach Gardens, FL 33410 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 30th 2010


 Signature of a member or authorized representative of a member

YashPal Kakkar

Typed or printed name of signee