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D. BRUCE
DEC 27 2012
EXAMINER

COVER LETTER

TO:	Registration S Division of Co					
SUBJE	ECT:	COUNTRY	WALK AREA LLC	,		
		Name of Limi	ted Liability Company		-	
The en	closed Articles of	Amendment and fee(s) are sub-	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		E	BIANCA SAPORITTO		_	
			Name of Person			
		TEAM REAL	_			
		_				
			2012 TALI			
AVENT			VENTURA, FL 33180	TURA, FL 33180		
			City/State and Zip Code			
		BIANCA@	BIANCA@TEAMREMANAGEMENT.COM E-mail address: (to be used for future annual report notification)			
For fur	ther information of	concerning this matter, please of	·	or nontation)	PH 4:	
	BIANG	CA SAPORITTO	at (_305_)	454-0915	4: 35 STATE JORIDA	
	Name o	of Person	Area Code &	Daytime Telephone Numb	per	
Enclose	ed is a check for t	the following amount:				
\$25	.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific nclosed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)	
	MAIL	ING ADDRESS:	STREET/C	COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COUNTRY WALK AREA LLC

(<u>Name of the Limite</u> (d Liability Company as it now appear A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited I Florida document numberL1000006		06/04/2010	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		<u>-</u>
(Principal office address MUST BE A STRE	ET ADDRESS)	`	
		Ā	20
Enter new mailing address, if applicable:	•) Dr D	
(Mailing address MAY BE A POST OFFICE		 	2 6 F
Muning unartess MITT BEITT OFF OFFICE		Tree Tree	19 2 III
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on office address here:	<u>C</u>	
Name of New Registered Agent:			
New Registered Office Address:	2801 NE 208TH TERRACE	Ξ, #200	
	En	ter Florida street addr	ess
	AVENTURA	, Florida	33180
	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 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 **Title** <u>Name</u> <u>Address</u> Type of Action Managenent, LC SECOND FLOOR MGR TEAM REAL ESTATE ✓ Add Remove ☐ Remove ☐ Add Remove ∏Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) DECEMBER 21 2012 Dated_

BIANCA SAPORITTO
Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00