## L11000007253

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Division of C		· · · · · · · · · · · · · · · · · · ·		
SUBJECT: Crov		anagement CoValley Vi	ew, LLC	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	spondence concerning this matter	r to the following:		
	·	S. Sandy Satullo, II		
		Name of Person		
		Firm/Company		
		1013 Hillsboro Beach		
	Hill	sboro Beach, FL 33062		
	barbm	City/State and Zip Code ningo@crownedeagle.com		
For further information	E-mail address: ( n concerning this matter, please (	to be used for future annual report notifica	ition)	
			40,0000	
Barbara A. Mingo Name of Person		at ( 440 ) 519-9200  Area Code & Daytime Telephone Number		
Enclosed is a check fo	r 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 OCT 25 AHII: 50

Crowned Eagle Realty Management Co.-Valley View ALLOHASSEE, FLORIDA

(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 Liab Florida document number		were filed on	1/18/2011	and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	he limited liab	ility company here	:	
Crowned Eagle Re	ealty Manage	ement Co Lake	wood, LLC	-
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Compan	y," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicab	ole:	1013 Hillsboro	Mile	
(Principal office address MUST BE A STREET	ADDRESS)	Hillsboro Beac	h, FL 33062	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		1013 Hillsboro Hillsboro Beac		
B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent:  New Registered Office Address:	S. Sandy Sa	e: atullo, II oro Mile	r records, <u>enter t</u> r Florida street add	
		City	, Florida	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

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Page 2 of 2

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