## LIMOUMILAT

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O. C. M.

## **COVER LETTER**

Division	of Corpo	rations			
CR:	OWN L	AKES TRACT 7A, LL	.C, a Florida limited liability	company	
30bJEC1;		Name of Lim	ited Liability Company		
The enclosed Artic	cles of An	nendment and fee(s) are sub	mitted for filing.		
Please return all co	orrespond	ence concerning this matter	to the following:		
		Cindy McGaughan			
			Name of Person	<del></del>	
		Greg Dworzanowski	, P.A.		
			Firm/Company	<del></del>	
		611 W. Bay Street,	Suite G		
			Address	-	
		Tampa, FL 33606			
			City/State and Zip Code		
		cmm@gwdpa.com			
		E-mail address: (	to be used for future annual report notif	ication)	
For further inform	ation con	cerning this matter, please c	all:	2014	
Cindy McGau	ighan		813 252-2900	₹ 50 T	η
1	Name of P	erson	Area Code Daytime	Telephone Number SSET O	mar.
Enclosed is a chec	k for the	following amount:		OF SIA	Ž
■ \$25.00 Filing	Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee;: Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

CROWN LAKES TRACT 7A, LLC, a Florida limited liability company (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 April 27, 2011 and assigned Florida document number <u>L1100</u>0049427 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 35 N 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: New Registered Office Address: Enter Florida street address

## 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 605, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael J. Leeds	8902 N. Dale Mabry Highway, #200	
		Tampa, FL 33614	■ Remove
MGR	Mitchell F. Rice	8902 N. Dale Mabry Highway, #200	
		Tampa, FL 33614	Remove
MGR	Crown Lakes, L.L.C.	8902 N. Dale Mabry Highway, #200	<b>A</b> dd
		Tampa, FL 33614	Remove
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			Remove
			<del>,</del>
			Remove

. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
-	
Effective date, if other than the date of filing:	:(optional)
The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
Dated November 6	2014
al	7
Signature of a m	nember or authorized representative of a member
Michael J. Leeds	
· · · · · · · · · · · · · · · · · · ·	Typed or printed name of signee

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