## L12000046660

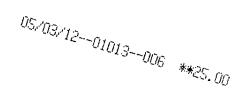
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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12 MAY -3 PM 3: 20
SECRETARY OF STATE

B. BOSTICK
MAY - 7 2012
EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corpor		**	,			
	•	<b>L</b> use					
SUBJI	FCT•	Winderme	re Showcase, LLC				
5000			ited Liability Company				
The en	closed Articles of Am	endment and fee(s) are su	bmitted for filing.				
Please	return all corresponde	nce concerning this matter	r to the following:				
	_		James J. Roth, Jr.		_		
	_		Name of Person		-		
	_	Windermere Showcase, LLC			_		
			Firm/Company				
	_	8934 Conroy Windermere Road			_		
			Address				
		Orlando, Florida 32835  City/State and Zip Code  kyates@rothdevelopment.net			<del>-</del>	12	
					E SE		
	_	E-mail address: (	to be used for future annual repor	t notification)	LAH	HAY	a market
For fur	ther information conce	erning this matter, please of	call:		ASSEE	ည်	
		J. Yates	at ( 502 )	412-1150		PH	
	Name of Per	son	Area Code & D	aytime Telephone Numbe	ORIDA	3: 20	
Enclose	ed is a check for the fo	llowing amount:					
\$25	6.00 Filing Fee	]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	closed) Certifie	ate of Stati		sed)
	MAILING	ADDRESS:	STDEET/CO	MIDIED ANNDESS.			

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

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wi	ndermere	Showcase, LL	C		
( <u>Name of the Limite</u> (,	d Liability Com A Florida Limite	pany as it now appea d Liability Company)	rs on our records.)	<del></del>	
The Articles of Organization for this Limited I	any were filed on	April 4, 2012	and assigned		
Florida document numberL1200004	6660				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited li	iability company he	<u>re</u> :		
	N	I/A			
The new name must be distinguishable and end w "L.L.C."	th the words "L	imited Liability Comp	any," the designation "	'LLC" or the ab	breviatio
Enter new principal offices address, if appli	cable:	N/A			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		AE 12	
				AH.	
				-3 ASS	
Enter new mailing address, if applicable:		N/A		<u> </u>	m
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	
				ATE DRIB	
B. If amending the registered agent and registered agent and/or the new registered o			our records, <u>enter</u>	the name of	the new
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
<del></del>		Er	nter Florida street ad	dress	
		N/A	, 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 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 Type of Action Title **Name Address** MGR Frank A. Baloun 8934 Conroy Windermere Road ✓ Add Remove Orlando, Florida 32835 ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A April 30 2012 Dated \_\_\_\_ Signature of a member of authorized representative of a member Asset Advisors, LLC, a Member (By James J. Roth, Jr., Manager) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00