

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000219694 3)))



H150002196943ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

RECEIVED

15 SEP 11 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AVH NORTH FLORIDA, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

FILED

15 SEP 11 AM 10:56

SEP 14 2015

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AVH NORTH FLORIDA, 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 August 21, 2015 and assigned
Florida document number L15000141489.

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 contain 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) _____

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

_____, 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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
EVP	Joseph Carl Mulac, III	8601 North Scottsdale Road	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 852532	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
EVP & T	Michael S. Burnett	8601 North Scottsdale Road	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 852532	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
EVP & S	S. Gary Shullaw	8601 North Scottsdale Road	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 852532	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Div. Pres.	David Smith	8601 North Scottsdale Road	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 852532	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP & QB	Vicki Bratvold	8601 North Scottsdale Road	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 852532	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Melisa Boross Konderik	8601 North Scottsdale Road	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 852532	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Shawn Budd	8601 North Scottsdale Road	<input checked="" type="checkbox"/> Add
		Scottsdale, AZ 852532	

FILED
SEP 11 AM 11:56
FBI - PHOENIX

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

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated September 9, 2015

Signature of a member or authorized representative of a member

S. Gary Shullaw

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

FILED
15 SEP 11 AM 10:56
the earlier of: