

L16000102304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

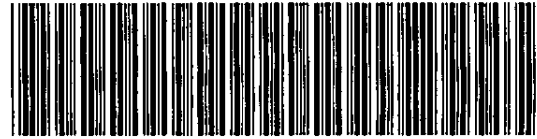
(Business Entity Name)

(Document Number)

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**West Office - Crown Pointe:  
2234 N.W. 40th Terrace, Suite B  
Gainesville, Florida 32605**

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Reply to Downtown Office  
 Reply to West Office

February 9, 2017

Sigsbee L. Scruggs  
1898-1983  
Parks M. Carmichael  
1909-1994  
William D. Pridgeon  
1933-1980  
Michelle Vaughns  
1946-1982  
William N. Long  
1920-2003

Retired  
Ray D. Helping  
William C. Andrews  
John F. Roscow, III  
Mitzi Cockrell Austin

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

RE: Villas at Buckridge LLC

Dear Sir or Madam:

Enclosed please find Articles of Amendment to Articles of Organization for the above referenced party together with our trust account check for the filing fee. Please file in your usual manner and return confirmation in the enclosed envelope.

If you have any questions regarding this matter, please don't hesitate to contact our office.

With my warmest regards,

Sincerely,



Pamela Kay O'Steen,  
Legal Assistant to Philip A. DeLaney and  
Jonathan M. Turner

PAD/pko  
enclosures

# COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Villas at Buck Ridge LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C. Pleiman

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7520 S.E. 80th Ave.

\_\_\_\_\_  
Address

Newberry, FL 32669

\_\_\_\_\_  
City/State and Zip Code

PleimanLB@aol.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Pleiman

352 354-5125  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for 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**

Villas at Buck Ridge 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 May 20, 2016 and assigned Florida document number L16000102304.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Villas at Buckridge, LLC

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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

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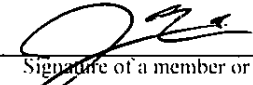
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*  
**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated February 3, 2017

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Jonathan Colon  
\_\_\_\_\_  
Typed or printed name of signee