

**L98000001111**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

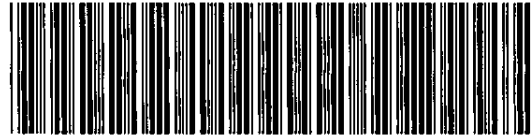
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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**FILED**  
**12 JUN 18 PM 3:39**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**C. LEWIS**  
**JUN 19 2012**  
**EXAMINER**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 97 PALMS SOUTH, L.C.**  
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:

**CINDY SCHAEFFER**  
Name of Person

**DICKENSON MURPHY REX AND SLOAN**  
Firm/Company

**150 E. PALMETTO PARK ROAD, SUITE 500**  
Address

**BOCA RATON, FL 33432**  
City/State and Zip Code

**CGS@DMRSLAW.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CINDY SCHAEFFER** at ( **561** ) **391-1900**  
Name of Person Area Code & Daytime Telephone Number

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

FILED  
12 JUN 18 PM 3: 39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

97 PALMS SOUTH, L.C.

(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 07/15/1998 and assigned Florida document number L98000001111.

This amendment is submitted to amend the following:

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

97 SUNSET VILLAS, LLC

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:

14470 SMITH SUNDRY ROAD

(Principal office address MUST BE A STREET ADDRESS)

DELRAY BEACH, FL 33446

Enter new mailing address, if applicable:

14470 SMITH SUNDRY ROAD

(Mailing address MAY BE A POST OFFICE BOX)

DELRAY BEACH, FL 33446

**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:

CARLA P. LOWRY, ESQUIRE

New Registered Office Address:

200 SE 6 STREET, SUITE 201

*Enter Florida street address*

FT. LAUDERDALE

Florida

33301

*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 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:

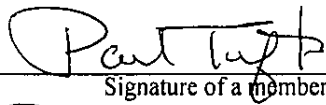
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MATTHEW MAXWELL	7939 MANOR FOREST DRIVE BOYNTON BEACH, FL 33462	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KATHY TUFTS	9357 CALLIANDRA DRIVE DELRAY BEACH, FL 33436	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ROBERT GLYNN	3827 WEST ATLANTIC AVENUE BOYNTON BEACH, FL 33445	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	KATHERYN MAXWELL	7939 MANOR FOREST DRIVE BOYNTON BEACH, FL 33462	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JEAN BREADY	1114 DOGWOOD DRIVE REDDING, PA 19609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PAUL TUFTS	9357 CALLIANDRA DRIVE BOYNTON BEACH, FL 33436	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated JUNE 7, 2012



Signature of a member or authorized representative of a member

PAUL TUFTS

Typed or printed name of signee

FILED  
 12 JUN 18 PM 3:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA