

L100000-60245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
10 NOV 29 AM 2:32

T. HAMPTON
NOV 30 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Country Walk Place, 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:

Darin Wade Mellinger, Esquire

Name of Person

Darin Wade Mellinger, P.A.

Firm/Company

1200 North Federal Highway, Suite 200

Address

Boca Raton, Florida 33432

City/State and Zip Code

dwm@mellingerlaw.com

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

For further information concerning this matter, please call:

Darin Wade Mellinger

Name of Person

at (561)

210-8570

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 NOV 29 AM 2:02

Country Walk Place 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 June 4, 2010 and assigned
Florida document number L10000060245.

This amendment is submitted to amend the following:

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

N/A

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)

c/o Darin Wade Mellinger, P.A.

1200 North Federal Highway, Suite 200

Boca Raton, Florida 33432

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

same as principal office address

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:

N/A

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 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	Liliana Patricia Gelman	1200 North Federal Highway Suite 200 Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	German David Modera	1200 North Federal Highway Suite 200 Boca Raton, Florida 33432	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

N/A

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10 NOV 29 AM 2:02

Dated November 22 2010



Signature of a member or authorized representative of a member

Darin Wade Mellinger, Esquire

Typed or printed name of signee