

L13 00086526

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.

(((H13000193237 3)))



H130001932373ABC\$

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 : FLORIDA CRYSTALS CORPORATION
Account Number : I20100000019
Phone : (561) 366-5138
Fax Number : (561) 366-5180

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ATLANTIC VILLAS AT KENDALL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED

13 AUG 29 AM 6:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 29 AM 8:43

FILED

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

ATLANTIC VILLAS AT KENDALL, 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 14, 2013 and assigned Florida document number L13000086526

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 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)

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

FILED
AUG 29 AM 8:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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	NATIONAL SAFE HARBOR EXCHANGES	60 E. Rio Salado Parkway, Suite 1103, Tempe, AZ 85281 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Florida Crystals Investment Corporation	1 N. Clematis Street, Suite 200, West Palm Beach, FL 33401 US	<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 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

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 13 AUG 29 AM 8:13

Aug. 29. 2013 3:55PM

No. 3425 P. 4

H13000193237 3

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

Dated August 2, 2013

Signature of a member or authorized representative of a member

Armando A. Tabernilla, Vice President

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
 13 AUG 29 AM 8:43
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA