## L10000075798

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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MAR - 5 2015

T. HAMPTON

## **COVER LETTER**

TO: Registration Se Division of Cor			
1/3 Santa	a Rosa Plaza, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter to	o the following:	
	Barry Kalmanson		
	<del></del> .	Name of Person	
	Barry Kalmanson, Pr	ofessional Association	
		Firm/Company	
	500 North Maitland A	venue, Suite 305	
		Address	
	Maitland, Florida 327	751	
		City/State and Zip Code	
	bkpa1@aol.com	o be used for future annual report notific	
For further information a	e-mail address: (to oncerning this matter, please ca		cation)
	oncertuing this matter, please ca		
Barry Kalmanson		at () 645-4500 Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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**

1/3 Sama Rosa Plaza, LLC	. 12. 6	<del></del>
( <u>Name of the Limited L</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil Florida document number <u>L10000075798</u>	ity Company were filed on 07/19/2010	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Lot 379 Celebration, LLC		
The new name must be distinguishable and end with the word	ds "Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, ent	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	
_	, Florida	Zip Code
Now Desistant America Cinestone if shousing Desi	internal Accepts	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	<u></u>		
			□ Remove
			Add
			Remove
			D Add
			22 27 7
		·	Remove 22 PH 3: 46
			Add
			□ Remove
			□ Remove

If amending any other informatio	n, enter change(s) here: (Attach additio	mal sheets, if necessary.)
Effective date, if other than the dather office the office of the office	so prior to date of receipt or filed date and cannot be	(optional) be more than 90 days after
Dated February 18	2015	
Barry Kalmanson	unality of member or mulhorized representative	of a member
	Typed or printed name of signed	

Page 3 of 3

Filing Fee: \$25.00

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