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Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone Fax Number : (561)694-1639

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 EMERALD VILLAS PHASE TWO DEVELOPER, LLC

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

Electronic Filing Menu

Corporate Filing Menu

M. MILEIBAN **NCT 19 2016**

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

EMERALD VILLAS PHASE TWO DEVELOPER, LLC

company has been notified in writing of this change.

ARTICLES OF AM	ENDMENT	
TO		
ARTICLES OF ORG	GANIZATION 🧽 😪 🛫	
OF	ENDMENT GANIZATION It now appears on our records.) ty Company) e filed on 10/23/2014 and assigned	
EMERALD VILLAS PHASE TWO DEVELOPER, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability	It now appears on our records.)	
Williams Blash	y company)	
The Articles of Organization for this Limited Liability Company were	e filed on 10/23/2014 and assigned	
Florida document number L14000165807	Party Comments	
iorida document humber		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability of	company here:	
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," 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 action the many of the many	
registered agent and/or the new registered office address here:	address on our records, enter the name of the ne	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Florida	
	City Zip Code	
New Registered Agent's Signature, if changing Registered Agent:		
I have by appoint the appointment on varieties of event and arms to	and in this committee I fourth an arrange to a second to the	
l hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perfo		
accept the obligations of my position as registered agent as provide		
being filed to merely reflect a change in the registered office addr	ress, I hereby confirm that the limited liability	

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>	Address	Type of Action
MGR	RUDG, LLC	315 S. BISCAYNE BLVD.	Add
		MIAMI, FL 33131	□ Remove
			■ Change
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			
		·	☐ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
			□ Remove
			CO Change

i amending any other mis	ormation, enter change(s) here: (Attach additional sheets,	, if necessary.)
-		
		•
ffective date, if other tha	n the date of filing: tte must be specific and cannot be prior to date of filing or more than 90 d	_(optional)
<u>lote:</u> If the date inserted in to ocument's effective date on	this block does not meet the applicable statutory filing requirement the Department of State's records. layed effective date, but not an effective time, at 1:	ents, this date will not be listed as
The 90th day after the	e record is filed.	2.01 a.m. on the earner of
ated October 18	2016	
	Signature of a member or authorized representative of a member	327,
JEFFERY HOYC	OS, Secretary by Tim Prutts, Attorney-in-Fuct	
	Typed or printed name of signee	Lan
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	Filing Fee: \$25.00	