

Division of Corporations

Page 1 of 1

L02000012219

Florida Department of State
Division of Corporations
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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SAXON, GILMORE, CARRAWAY, GIBBONS, LASH & WILCOX, P.A.

Account Number : I20030000134

Phone : (813) 314-4500

Fax Number : (813) 314-4555

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**ARBOR MANOR DEVELOPMENT, LLC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

S. HAWKES

APR 16 2009

EXAMINER**RECEIVED**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

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

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ARBOR MANOR DEVELOPMENT, 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 May 20, 2002 and assigned
Florida document number L02000012219

This amendment is submitted to amend the following:

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

West Lake Management, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

(City)

Florida

(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)

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 TALLAHASSEE, FLORIDA

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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> |
|--------------|-------------|----------------|---|
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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| _____ | _____ | _____ | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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CLERK OF COURT
POLK COUNTY, FLORIDA

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

Dated April 09, 2009

Herbert Hernandez
Signature of a member or authorized representative of a member

Herbert Hernandez, Pres. of MGRM, Polk County Housing Developers, Inc.

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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