## L0300001828

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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APPROVED

D. BRUCE SEP 28 2012

EXAMINER

CORPDIRECT, AGENTS, INC. (formerly CCRS) 515 EAST PARK AVENUE TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

Examiner's Initials

CONTACT:	KATIE WO	NSCH		
DATE:	09/27/2012			
REF.#:	001495.1735	<u>527</u>		
CORP. NAME:	<u>FONTAINI</u>	CBLEAU II 910, LLC		
( ) ANNUAL REPORT	ICATION		( ) FICTITIOUS NAME	12 TAN
		ITH CHECK# <u>  101297</u> .ccount if to be debiti		SEP 27 AM 9: 57 SEP 27 AM 9: 57 CRETARY OF STATE LLAHASSEE, FLORIDA
		COST L	IMIT: \$	
PLEASE RETU	RN:			
( XX ) CERTIFIED C	СОРУ	( ) CERTIFICATE OF GOOD STA	NDING ( ) PL	AIN STAMPED COPY
( ) CERTIFICATE C	OF STATUS			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fontain	<u>ebleau II 910, LLC</u>	. *		•
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)		•
(			•	
The Articles of Organization for this Limited Liability O	Company were filed on	01/14/2003	and assigned	
Florida document number L0300001828	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :		
910/912 Pro	perty Management LL	.C		
The new name must be distinguishable and end with the world. L.C."	rds "Limited Liability Comp	any," the designation "I	LLC" or the abbreviation	on .
Enter new principal offices address, if applicable:	V			
(Principal office address MUST BE A STREET ADD	RESS)			
		<del></del> ,	Z S	
			수류 <b>및</b>	Ξ
Enter new mailing address, if applicable:			75 21 75 27 21	EA:
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		mo P	me ?
CARLOS TO THE BOX			7 S 3	
	<del></del>	······································	S 5	
B. If amending the registered agent and/or regis	tered office address on	our records, enter t		w
registered agent and/or the new registered office add	lress here:	our records, enter	are training to the ne	<del>'''</del>
Name of New Registered Agent:				
New Registered Office Address:				
Maria de la compania del compania de la compania del la compania del compania de la compania de la compania de la compania del compania	E	nter Florida street ada	lress	
	, Florida			•
<del></del>	City	, 1 107 1114	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 = Mai MGRM = M	nager lanaging Member			
Title	Name	:	Address	Type of Action
			·	Add Remove
				Add Remove
				Add Remove
Waling the World State of				Add Remove
**************************************				Add Remove
·FB Ab was table				Add Remove
D. If amend	09-20-12 (San	. 201		12 SEP 27 AM 9: 57 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	S gn		or authorized representative of a member Kandov, Manager	
		Typed c	or printed name of signee	

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