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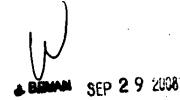


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SECRETARY OF STATE SECRETARY OF CORPORATIONS

08 OCT -9 AM 8: 37



J. BRYAN
OCT F 0 2008
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 29, 2008

LISA C. MCCRYSTAL MARGARET A. WHARTON, P.A. 456 SOUTH CENTRAL AVENUE OVIEDO, FL 32765

SUBJECT: OAKWOOD VILLAGE OF OVIEDO, LLC

Ref. Number: L03000026660

SECRETARY OF STATE AS STATE OF CORPORATIONS

We have received your document for OAKWOOD VILLAGE OF OVIEDO, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Can't file your document Written Consent of Members

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 208A00051889

COVER LETTER

| TO: Registration Section Division of Corporation | | | | | |
|--|--|--|---|-------------|-----------|
| SUBJECT: Daki | NOOD VILLAGE (Name of Limit | ed Liability Company), LLC | <u></u> | | |
| The enclosed Articles of Ame | endment and fee(s) are subn | nitted for filing. | | | |
| Please return all corresponde | nce concerning this matter to | o the following: | | | |
| - | Lisa 1 | (Name of Person) | | | |
| - | Margare | + A. Wharton, P.A. (Firm/Company) | - | 08 00 | SIVISIO |
| - | P.O. BOX | (Address) | | 08 OCT -9 A | N OF COR |
| - | Oviedo, | FL 32762-117 (City/State and Zip Code) | 2 | AH 8: 37 | PORATIONS |
| For further information conc | erning this matter, please ca | 11: | | | |
| LISA MCC (Name of Po | MSTA! | at (40) 305 - 71 (Area Code & Daytime Te | 93 elephone Number) | | |
| Enclosed is a check for the fo | ollowing 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 en | | ď) |

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

OB OCT -9 M 8: 37

Oakwood Village of Oviedo, 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 Liab | oility Company were filed on July 21, 200 | and assigned |
|--|--|---------------------------------------|
| Florida document number L03000026660 | · | |
| | | |
| This amendment is submitted to amend the follow | ring: | |
| A. If amending name, enter the new name of the | he limited liability company here: | |
| The new name must be distinguishable and end with t "L.L.C." | the words "Limited Liability Company," the | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicab | le: | |
| (Principal office address MUST BE A STREET. | ADDRESS) | |
| | · · · · · · · · · · · · · · · · · · · | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO | | |
| inuing unites MAT BLAT OST OFFICE De | | |
| | | |
| B. If amending the registered agent and/or | registered office address on our reco | ords, enter the name of the new |
| registered agent and/or the new registered offic | <u>ce address here</u> : | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | (Enter Flor | rida street address) |
| | | , Florida |
| | (City) | (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 = Manager

MGRM = Managing Member **Title** Address Type of Action <u>Name</u> Thomas R. England MGRM 1760 Lake Mills Road Add Remove Chuluota, FL 32766 Robert Wagner MGRM 2400 Pandora Lane Add Add Remove Oviedo, FL 32766 🗖 Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 6 2008 Signature of a member or authorized representative of a member ATTORNEY Margaret A. Wharton — Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00