. (F	Requestor's Name)	
(/	Address)	· •
(/	Address)	
	City/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(1	Business Entity Nar	me)
(I	Document Number)	
Certified Copies	Certificates	s of Status
Special Instructions	to Filing Officer:	
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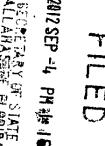
EXAMINER

Office Use Only



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09/04/12--01008--014 **25.00



COVER LETTER

TO:

TO:	Registration Sec Division of Corp					
SUBJE	·CT•	ALAFAYA DE	VELOPMENT L	LC		
SOBJE		Name of Limite	d Liability Company		,	
The en	closed Articles of A	Amendment and fee(s) are subn	nitted for filing.			
Please	return all correspoi	ndence concerning this matter t	o the following:			
			ERIKA DUARTE			
•		•	Name of Person			
	ALAFAYA DEVELOPMENT LLC			117 S		
			Firm/Company			
	7550 FUTURES DRIVE SUITE 101				MIZ SEP -4 PM AM	
			Address			
		Ol	RLANDO FL 3281	19		
			City/State and Zip Code			237 €7 77
		E-mail address: (to	be used for future annual r	eport notification	n)	
For fu	rther information co	oncerning this matter, please ca	ll:			
		YVETTE	at (_407)		6 EXT 101	
	Name of	f Person	Area Code	& Daytime Tele	ephone Number	
Enclos	sed is a check for th	ne following amount:				
\$2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is	•	Certified	te of Status &
	Registr Divisio P.O. Bo	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	Registrat Division Clifton E	T/COURIER Ation Section of Corporation Building	าร	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AI	afaya Developement LLC	· /					
(Name of the Limited	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)					
The Articles of Organization for this Limited L		09/11/2003	and assigned				
-	1.0000000.4400						
Florida document number	· · · · · · · · · · · · · · · · · · ·						
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liability company he	<u>re</u> :					
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation				
Enter new principal offices address, if appli	cable:	<u> </u>					
(Principal office address MUST BE A STRE	ET ADDRESS)						
			(C) 2 2 2 3 1 2 3				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE	<i>BOX</i>)		THE PERMIT				
		, ,	TO TO				
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter the	he name of the new				
	Edha Boarta						
Name of New Registered Agent:	Erika Duarte						
New Registered Office Address:	7550 Futures Drive Suite 101						
	Enter Florida street address						
	Orlando	, Florida	32819				
	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 Type of Action Address **Title** <u>Name</u> MGMR Norberto Duarte 7550 Futures Drive Suite 101 ☐ Add Remove Orlando FL 32819 Maria A Duarte MGR ☐ Add 7550 Futures Drive Suite 101 ✓ Remove Orlando Fl 32819 MGMR Alafaya II Development LL 7550 Futures Drive Suite 101 ✓ Add Orlando El 32819 Remove Erika Duarte MGR **V** Add 7550 Futures Drive Suite 101 Remove Orlando Fl 32819 \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUGUST 24 Dated Signature of a member or authorized representative of a member NORBERTO DUARTE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00