# 1030005/059

| (Re                     | equestor's Name)   |           |
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| (Ci                     | ty/State/Zip/Phone | · #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
|                         |                    |           |
| (Bu                     | isiness Entity Nam | ne)       |
| (De                     | ocument Number)    |           |
| (50                     | cument Number)     |           |
| Certified Copies        | _ Certificates     | of Status |
|                         |                    |           |
| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
JUL 1 5 2008
EXAMINER

## **COVER LETTER**

| Division of Co            | rporations                                  |  |   |
|---------------------------|---|--|---|
| SUBJECT: WESTW            | OOD APARTMENTS O                            | F ORLANDO, LLC ited Liability Company)                             | <b></b>   |
| The enclosed Articles of  | Amendment and fee(s) are sub                | omitted for filing.  |   |
| Please return all corresp | ondence concerning this matter              | to the following:  |   |
|                           | David Provost                               |  |   |
|                           |   | (Name of Person)   |   |
|                           |   | (Firm/Company)   |   |
|                           | 5128 Vassar Lane                            |  |   |
|                           |   | (Address)  |   |
|                           | Sarasota, FL 34243                          |  |   |
|                           |   | (City/State and Zip Code)  | <del>-</del>  |
| For further information o | concerning this matter, please c            | all:   | /   |
| David A Provost           |   | at ( 941 ) 504-7040  |   |
|                           | of Person)                                  | (Area Code & Daytime T   | elephone Number)  |
| Enclosed is a check for t | he following 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 enclosed) |

## MAILING ADDRESS:

TO:

**Registration Section** 

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

| WESTWOOD APARTMENTS OF ORLA  | NDO LLC                                | <del></del>             |
|--|--|-------------------------|
| WESTWOOD APARTMENTS OF ORLA<br>(Name of the Limited Liability Com<br>(A Florida Limite | d Liability Company)                   | <u>us.</u> )            |
| The Articles of Organization for this Limited Liability Compa                          | nny were filed on <u>12/09/2003</u>    | <b>∓</b> and assigned   |
| lorida document number 1.03000051059   |  |                         |
|  |  |                         |
| This amendment is submitted to amend the following:                                    |  |                         |
| A. If amending name, enter the new name of the limited li                              | ability company here:                  |                         |
|  |  |                         |
| The new name must be distinguishable and end with the words "L.L.C."                   | imited Liability Company," the designa |                         |
| Enter new principal offices address, if applicable:                                    |  | 88<br>88<br>88          |
| Principal office address MUST BE A STREET ADDRESS)                                     |  |                         |
|  | <del></del>                            | ISS - E                 |
|  |  |                         |
| Inter new mailing address, if applicable:  |  | <u> </u>                |
| Mailing address MAY BE A POST OFFICE BOX)  |  | DA A                    |
|  |  |                         |
| 3. If amending the registered agent and/or registered                                  | office address on our records.         | enter the name of the n |
| egistered agent and/or the new registered office address h                             |  |                         |
|  |  |                         |
| Name of New Registered Agent:  | <del>.</del>                           |                         |
| New Registered Office Address:   | · · · · · · · · · · · · · · · · · · ·  |                         |
|  | (Enter Florida str                     | eet address)            |
|  |  | ida                     |
|  | (City)                                 | (Zip Code)              |

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.

New Registered Agent's Signature, if changing Registered Agent:

(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

| <u>Title</u> | <u>Name</u>                          | Address   | Type of Action                            |
|--------------|--------------------------------------|---|---|
| MGRM         | David A Provost                      | 5128 Vassar Lane<br>Sarasota, FL 34243  | Add Remove                                |
| MGRM_        | MoneyFL.com, LLC                     | 15 Paradise Plaza, Unit 352<br>Sarasota, FL 34239                               | Add Remove                                |
| <del></del>  |                                      |   | Add Remove                                |
|              |                                      |   | Add Remove                                |
|              |                                      |   | Add Remove                                |
| ····         |                                      |   | Add Remove                                |
| D. If amend  | ling any other information, enter ch | nange(s) here: (Attach additional sheets, if necess                             | ALL                                       |
|              |                                      |   | FILED JUL 14 PH RETARK OF ST AHASSEE, FLO |
| Dated        | oruly 1 , 20                         | 008   | 2: 34<br>TATE<br>ORIDA                    |
|              | Elisabeth H Arguelle                 | mber or authorized representative of a member es yped or printed name of signee |   |

Page 2 of 2

Filing Fee: \$25.00