Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6383

From:

Account Name : LEOPOLD KORN & LEOPOLD, P.A.

Account Number: I20010000025

: (305)935-3500

Phone Fax Number

: (305)935-9042

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| P | Address: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CENTERLINE HOMES AT BALDWIN PARK V, LLC

| Certificate of Status | 0 |
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| Estimated Charge | \$25.00 |

EXAMINE

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | MES AT BALDWIN | - | | |
|--------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------|---------------------|-------|
| (Name of the Limited Lightli (A Plorida | ty Company as it now son Limited Liability Compan | ears on our records.) | <u></u> | |
| The Articles of Organization for this Limited Liability | Company were filed on _ | 12/10/2003 | and assigned | |
| Florida document number L03000051724 | ' | | | , |
| This amendment is submitted to second the following: | | | | |
| A. If amending name, enter the new name of the lin | ulted liability company b | <u>Lere</u> ; | | |
| AUSTIN'S CREEK NC, LLC | | | | |
| The new name must be distinguishable and end with the well-L.C." | ords "Limited Liability Con | pany," the designation | LLC by the abbrevia | stion |
| Enter new principal offices address, if applicable: | · | | | · |
| (Principal office address MUST BE A STREET ADD | RESS) | | SS AR | _ |
| | | | | _ [] |
| Enter new mailing address, if applicable; | | | FLOR | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | Om an | _ |
| | | | | ••• |
| B. If amonding the registered agent and/or registered agent and/or the new registered office add | | our records, <u>enter</u> | the name of the r | 16W |
| Name of New Registered Agent: | | | · | _ |
| New Registered Office Address: | | | | |
| | Enter Florida 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

MGR = Manager MGRM = Managing Member

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:

| Signature of a member or authorized representative of a member Jeffrey Kronengold | <u>Tlíle</u> | Name | Address | Type of Action |
|-------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------|------------------------------------------------------|----------------------------------------------|
| Dated October 5 Signature of a member of authorized representative of a member Jeffrey Kronengold | MGR | CRS Organization, Inc., a Florida corporation | 825 Coral Ridge Drive Coral Springs, FL 33071 | Add Remove |
| Dated October | | | | |
| D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Desired October | | *** | | |
| D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 2011 | | | | FAdd St. |
| D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October | | | | Add C |
| Dated October , 2011 Signature of a microbor or authorized representative of a member Jeffrey Kronengold | | | | ≥ 2. |
| Signature of a member or authorized representative of a member Jeffrey Kronengold | D. If amen | ding any other information, enter c | hange(s) here: (Attach additional sheets, if necessa | עמוני) |
| Signature of a member or authorized representative of a member Jeffrey Kronengold | _ | | | · |
| Signature of a member or authorized representative of a member Jeffrey Kronengold | | | | |
| Jeffrey Kronengold | Dated <u>O</u> | | My Day | <u>. </u> |
| Jenrey Kronengold Typed of printed name of signee | | | | |
| | | 7 | Jeffrey Kronengold yped or printed name of signee | · |

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